

CENTRAL REFORM CONGREGATION

EDUCATION REGISTRATION FOR 2011-12 / 5772

For Office use:

SS: _____

EM: _____

MR: _____

Place a checkmark next to all education programs your child will be attending.
 (See attached form for explanations of the programs.)

RAINBOW CONNECTION

Rainbow Connection _____
 (Under 4 yrs old)

SHABBAT SCHOOL

Pre-Kindergarten _____
 Kindergarten _____
 1st Grade _____
 2nd Grade _____

HEBREW SCHOOL

3rd-6th Grade _____

TEEN PROGRAMS

7th Grade _____
 8th Grade _____
 9th Grade _____
 10th Grade Confirmation _____
 11th & 12th Grade Post-Confirmation _____

YOUTH GROUP

CeRTY (9th -12th Grade) _____

Double check and, if necessary, correct all red data fields. Thank you.

Student's Name:

Nickname: Hebrew Name:

Home Address:

Home Phone:

Student's Email: Birth Date: M/F:

Secular School: Grade in 2010-11:

Parent 1 Name: P1 Work Phone:

Parent 1 Email: P1 Cell Phone:

Parent 2 Name: P2 Work Phone:

Parent 2 Email: P2 Cell Phone:

If parents live separately, please add...

Parent 2 Address:

Parent 2 Home Phone:

If parents live separately, to whom should school information be sent? Parent1___ Parent2___ Both

I have enclosed \$ _____ (Consult the Explanation of Fees Included in this packet.)

PLEASE ENCLOSE A PHOTO OF YOUR STUDENT FOR OUR RECORDS...
 [...or send a digital photo to mbrosen@brick.net]

For Office Use only
 Fee _____ Paid _____ Check # _____ Do F Int _____ Date entered _____

CRC EMERGENCY & MEDICAL INFORMATION 2011-12 / 5772

Student's Name:

Emergency Contact Name: [Other than Parent/Guardian]

Emergency Home Phone: Emergency Cell Phone:

Emergency Work Phone: Relationship to Student:

Student's Physician: Physician's Phone:

Allergies: (Please Explain)

Medications:

Other Health Information:

PARENTAL PERMISSIONS

1. I give permission to CRC staff members and teachers to dispense any medication as needed:

Yes _____ No _____ Call First _____

2. This health history is correct and complete to my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to Central Reform Congregation and its staff to provide routine healthcare and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes I give permission to Central Reform Congregation to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care providers selected by Central Reform Congregation to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied, if needed, for trips off Central Reform Congregation premises.

Yes _____ No _____

3. I agree that Central Reform Congregation may use any photograph or likeness of my child for Central Reform Congregation publicity, including, but limited to CRC Education Website and "The MEMO."

Yes _____ No _____

Parent/Guardian Signature _____ Date _____

CRC EDUCATION INFORMATION 2011-12 / 5772

Student's Name:

Your response to the following questions will help us make the best educational decisions for your child. This sheet will be kept confidential and will only be used by the teacher and/or education staff to provide the best educational environment for your child. If you would prefer to speak to someone directly about your child, please feel free to call the Director of Education.

Is there any specific information about your child, home situation, or previous Jewish experiences that might affect his/her time with us?

Does your child experience any learning or behavior challenges or medical situations that might affect his/her performance, participation or enjoyment of the CRC education programs? Please be specific.

Is your child on any medication relevant to his/her educational experience? Yes _____ No _____
If yes, what?

Is there any additional information we should know about your child that will help us provide the best experience for him/her?