

CONGREGATION AHAVATH SHOLOM RELIGIOUS SCHOOL

REGISTRATION FORM 2009-10

FAMILY NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_  
PARENT(S) NAME(S) \_\_\_\_\_ DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
\_\_\_\_\_ DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

(If parents have separate addresses, would you like a copy of school information sent to both? If so, please fill in second name and address) Where do you want mail sent?

\_\_\_\_\_

(1) CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
HEBREW NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PUBLIC SCHOOL NAME AND GRADE IN AUG. \_\_\_\_\_  
LIST ANY MEDICATIONS TAKEN REGULARLY \_\_\_\_\_  
\_\_\_\_\_ PLEASE INDICATE ANY SPECIAL  
NEEDS YOUR CHILD MAY HAVE: AND ALLERGIES \_\_\_\_\_

(2) CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
HEBREW NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PUBLIC SCHOOL NAME AND GRADE IN AUG. \_\_\_\_\_  
LIST ANY MEDICATIONS TAKEN REGULARLY \_\_\_\_\_  
\_\_\_\_\_ PLEASE INDICATE ANY SPECIAL  
NEEDS YOUR CHILD MAY HAVE: AND ALLERGIES \_\_\_\_\_

(3) CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
HEBREW NAME \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
PUBLIC SCHOOL NAME AND GRADE IN AUG. \_\_\_\_\_  
LIST ANY MEDICATIONS TAKEN REGULARLY \_\_\_\_\_  
\_\_\_\_\_ PLEASE INDICATE ANY SPECIAL  
NEEDS YOUR CHILD MAY HAVE: AND ALLERGIES \_\_\_\_\_

**EMERGENCY INFORMATION:** In the event of an emergency, I hereby give qualified medical personnel permission to secure proper treatment for my child/ren, including (if necessary) hospitalization. I understand I will be contacted immediately in such a case.

Signature \_\_\_\_\_ Date \_\_\_\_\_