



5779 / 2018-2019
RELIGIOUS SCHOOL STUDENT ENROLLMENT FORM

STUDENT AND FAMILY INFORMATION

Student Name(s)	Student (1)	Student (2)	Student (3)	Student (4)
Date of Birth (MM/DD/YY)				
Gender				
Secular School				
Grade in Secular School				
Religious School grade				

Parent/Guardian Name(s)	Parent/Guardian (1)	Parent/Guardian (2)
Cell Phone		
Home Phone		
Home Address		
Email Address <i>Email is the primary method of RS communication. It is imperative that we have your most up-to-date email address</i>		

For communication and emergency purposes, please provide the following information:

CHILD(REN) LIVE(S) WITH:

- Both parents
 Mother only
 Father only
 Other (please explain):

PARENTS ARE:

- Married
 Divorced
 Widowed
 Other: _____

In the case of separation or divorce with shared custody, it is necessary for the school to have contact information for both parents. Please submit this information above if necessary. If not available, please attach an explanation or contact the Director.

CLASS PREFERENCES

Please list the names of 1-3 students with whom you wish to have your child(ren) placed, if it is possible for us to do so. We will do our very best to accommodate requests while we consider each child's individual needs.

Student 1	1.	2.	3.
Student 2	1.	2.	3.
Student 3	1.	2.	3.

MEDICAL AND EMERGENCY INFORMATION (This page must be completed entirely)

EMERGENCY CONTACTS

Please provide us with a name and phone number (other than parent(s)/guardian(s)) to notify in case of an emergency at school, or in the event of a local emergency. Student(s) may be released to this individual. Please also supply your child(ren)'s doctor's name and phone number:

Emergency Name: _____ Phone: (_____) _____

Emergency Name: _____ Phone: (_____) _____

Doctor's Name: _____ Phone: (_____) _____

ALLERGIES

Food Allergies _____ Drug Allergies _____

MEDICATIONS

Is/are your child(ren) presently taking medication on a continuing basis? Yes No

Name of Medication(s), dosage and schedule (please attach additional pages as necessary):

Prescribed for what condition(s):

PERMISSION TO SEEK TREATMENT

In the event of illness or injury, if I/we cannot be reached, I/we hereby consent to whatever medical examination, treatment, and/or hospital care from a licensed physician is deemed necessary for the safety and welfare of my/our child(ren). It is understood that the resulting expenses will be my/our responsibility. No mark will indicate your approval for us to treat your child.

I do give consent I do not give consent

PERMISSION TO GIVE MEDICATION

You have my consent to administer over the counter medications to my child(ren) (Non-aspirin pain reliever and/or external use first aid supplies only.) No mark will indicate your approval for us to administer medication.

I do give consent I do not give consent

USE OF CHILD(REN)'S PHOTO

Your child(ren)'s photo may be taken periodically, and may appear in congregational publications, our website or e-newsletters, local Jewish and/or secular press, and/or other printed materials. Please specify if you wish for your child's photograph to appear in these publications, and sign below. No mark will indicate your approval for us to use in your child(ren)'s picture.

Yes, you have permission to use my child(ren)'s picture No, you do not have permission to use my child(ren)'s picture

Comments (or exceptions):

ADDITIONAL INFORMATION

University Synagogue Religious School recognizes that each and every child is unique. Proverbs 22:6 states, "Teach a child according to his/her own needs." Please help enable us to teach your child(ren) according to his/her/their own needs – use this space below to share any special talents, physical or emotional challenges, learning styles, family situations, special needs, and/or IEPs that might require special attention. *(Please include extra pages or documentation as necessary). This information will be treated with utmost confidentiality by the Religious School administration and faculty.*

Signature of Parent(s) / Guardian(s): _____ Date: _____

