

CONGREGATION B'NAI TIKVAH
5779 (2018-2019) School Year
Registration, Emergency Contact & Release Form
Please complete one form per student.

Student's Last Name: _____ First Name: _____

Student Hebrew Name: _____ Gender: _____ Birthdate: _____

Grade in Religious School in 2017-18 school year: _____ Grade in Secular School: _____

Parent/Guardian Information:

1. Parent's Name: _____ E-mail Address: _____

Telephone Numbers - Home: _____ Work: _____

Cell: _____ Other: _____

Address: _____

2. Parent's Name: _____ E-mail Address: _____

Telephone Numbers - Home: _____ Work: _____

Cell: _____ Other: _____

Address if different from Parent 1: _____

Which parent should communications be sent to? Please circle. Parent 1/ Parent 2/ Both

Medical Information:

Physician's Name: _____ Telephone Number: _____

Insurance Company: _____ Plan/Group#: _____ Policy#: _____

Alternate Emergency Contact Information:

Should my child become ill and a parent/guardian cannot be reached, please notify one of the following people to pick up my child. If there should be a civil defense emergency or natural disaster, the following people are authorized to pick up my child.

(DO NOT list a parent.)

Name: _____ Relationship to child: _____

Telephone Number - Cell: _____ Home: _____

Name: _____ Relationship to child: _____

Telephone Number - Cell: _____ Home: _____

****Future Emergency Information changes can be done on line through the Members Only section of our website.**

Student's Name: _____ Religious School Grade: _____

Please check the appropriate boxes:

Special developmental, learning or behavior needs? Yes No (If yes, our educator will contact you.)

Allergies: Yes No (If yes, please list below.) Are they life threatening? Yes No

Does your child take any medications? Yes No (If yes, please list below and circle any that need to be kept at school.)

Vision Problems? Yes No

Speech Problems? Yes No

Hearing Problems? Yes No

Please tell us about your child:

Parent Signature _____ Date: _____