

**CONGREGATION B'NAI TIKVAH**  
**5782 (2021-2022) 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 2021-22 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:

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Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_