



Religious School

Registration/Emergency Contact Information

Child's Name: _____

Hebrew Name: _____

Grade Level: Secular/Religious: _____/_____ DOB: _____

Anticipated Date of Bar/Bat Mitzvah: _____

Address: _____

Home phone: (____) _____ Cell Phone: (____) _____

E-mail address: _____

Parent's name : (Parent 1) _____

(Parent 2): _____

Hebrew Name (Parent 1): _____

(Parent 2): _____

If you are unavailable please list an alternative contact:

Name: _____

Address: _____

Phone: (____) _____ (____) _____

What phone number should we contact you in the event of an emergency or school closing:

(____) _____ (____) _____

To whom may your child be dismissed:

Name	Relationship	Home phone	Cell phone
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Name	Relationship	Home phone	Cell phone
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Medical Information:

Allergies: _____

Please use the back of page for any additional comments. Include any special medical or personal information you would want the teacher to know or any special contact information necessary in case of an emergency.