



# 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 (Mother): \_\_\_\_\_

(Father): \_\_\_\_\_

Hebrew Name (Mother): \_\_\_\_\_

(Father): \_\_\_\_\_

*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:*

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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.