

KESHER RELIGIOUS SCHOOL

REGISTRATION FORM

2016/2017

Last Name	First	Middle	Hebrew Name	Sex						
Birthdate Daytime School Attending : Congregation Affiliate										
Enrolling in: Keshet Sunday School Keshet Confirmation Class Please circle:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Address #1</td> <td style="width: 20%; border-bottom: 1px solid black;">City/Zip</td> <td style="width: 30%; border-bottom: 1px solid black;">Home Phone #</td> </tr> </table>					Address #1	City/Zip	Home Phone #			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Mother's Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Business Phone</td> <td style="width: 25%; border-bottom: 1px solid black;">Cell Phone*</td> <td style="width: 25%; border-bottom: 1px solid black;">E-mail</td> </tr> </table>					Mother's Name	Business Phone	Cell Phone*	E-mail		
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">Doctor's name</td> <td style="width: 20%; border-bottom: 1px solid black;">Phone #</td> <td style="width: 30%; border-bottom: 1px solid black;">Dentist's name</td> <td style="width: 20%; border-bottom: 1px solid black;">Phone#</td> </tr> </table>					Doctor's name	Phone #	Dentist's name	Phone#		
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**Please make sure we have at least one cell phone number so that we are able to reach you through an emergency text service if needed.*

***Please put a star next to any contact information that you do NOT want published in a school directory.*

PHOTOGRAPH PERMISSION

Throughout the year we take pictures of our students engaged in a variety of activities. These pictures are used in our school and synagogue in brochures and newsletters or for publicity announcements in newspapers (e.g. The Jewish Herald Voice, The Houston Chronicle, and The Message) or on the Beth Yeshurun website.

Please fill out the information below authorizing the use of your child (ren)'s photograph.

____ I give consent for my child (ren)'s photograph to be used in all publications – including school or Synagogue brochures, newsletters, and/or newspapers.

____ I do not give consent for my child (ren)'s photograph to be published in school or synagogue brochures, newsletters, and/or newspapers.

____ I give consent for my child(ren)'s photograph to be published on our website

____ I do not consent for my child(ren)'s photograph to be published on our website.

With my signature below, I acknowledge the statements above on this page, and I agree to follow the policies of the School as explained in the Student/Parent Handbook.

Parent/Guardian's Signature

Tuition \$150.00

Cash _____ Check _____ Charge Visa _____ MC _____ AMEX _____

Name on credit card _____

Credit Card Number _____ Expiration date _____

FIELD TRIP AUTHORIZATION

____ You have my permission to take my child (ren), _____, on all field

trips throughout the 2014 – 2015 school year. I release the Keshet Program and its personnel of any responsibility while in transit.

____ You do not have my permission to take my child(ren), _____, on all field trips throughout the 2014 – 2015 school year.

Transportation Information

In order to better serve the safety and security of our students and families, please complete all information below with as many details as possible. We want to assure the safe departure of all of our students at each session. Please contact the school office if there are changes during the year.

The people authorized to pick up our child(ren) are:

Name:

Cell Phone:

Parent's Signature: _____ Date: _____

Parent's Name (printed): _____

MEDICAL RELEASE FORM – PLEASE COMPLETE THIS PAGE FOR EACH CHILD ENROLLED IN KESHER RELIGIOUS SCHOOL PROGRAM

I, _____, hereby give permission for any and all medical and/or dental attention to be administered to my child, _____, in the event of accident, injury, sickness, etc. I also assume the responsibility for the payment of any such treatment.

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Insurance Company: _____

Phone Number: _____

Group Number: _____

Policy Number: _____

Physician: _____

Phone: _____

Known Allergies:

Required Prescribed Drugs and Dosages:

Medical Conditions:

Student's Name (Print) _____

Signature (Parent or Legal Guardian) _____

Date: _____

SPECIAL NEEDS FORM – PLEASE COMPLETE THIS PAGE FOR EACH CHILD WITH SPECIAL NEEDS ENROLLED IN THE KESHER RELIGIOUS SCHOOL PROGRAM

Student's Name _____

School Child Attends _____ Grade _____

In school, my child receives accommodations:

___ In the regular classroom only, with special assistance ___ hours per day

___ In a special classroom less than 25% of the day

___ In a special classroom setting between 25% and 50% of the day

___ In a special classroom more than 50% of the day

___ In a special classroom only

In school, my child receives the following modifications (please circle):

Changes in the pace of instruction

Behavioral management systems

Extended time for assignment completion

Social supports (buddy system, sensitization of

Reduced paper/pencil tasks

classmates)

Preferred seating
Other

Taped texts
