

**MORRIS NIRENBERG RELIGIOUS SCHOOL OF TEMPLE BETH TORAH - REGISTRATION**

Grade Assignment: 2011-2012

**ALL INFORMATION IS STRICTLY CONFIDENTIAL**

Student's Name Public School Grade:

Hebrew Name Date of Birth:

Father's Name

Father's Address Phone Number:

Mother's Name

Mother's Address Phone Number:

What is the best way to reach you during school hours, if needed?

CALL MOTHER \_\_\_\_\_ CALL FATHER \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred email: \_\_\_\_\_

If parents are divorced or separated, who is the custodial parent? \_\_\_\_\_

**EDUCATIONAL INFORMATION**

1. Does your child have any physical, vision, hearing, neurological, behavioral or other issues that impact learning? Yes \_\_\_\_\_ No \_\_\_\_\_  
\* If yes, the Director of Education will contact you to discuss your child's learning needs.

2. Is your child currently receiving special education services in his/her public or private school through an Individualized Education or 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you want to receive a copy of the school's Special Education Policy? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Are you interested in participating in a Support Group for families with children with special needs? Yes \_\_\_\_\_ No \_\_\_\_\_

**YOUR INVOLVEMENT IN THE SCHOOL**

I am interested in becoming a room parent in Grade \_\_\_\_\_. Yes \_\_\_\_\_ No \_\_\_\_\_

I have a field of interest or expertise that relates to the Jewish religion or Hebrew School that I am willing to share. Yes \_\_\_\_\_ No \_\_\_\_\_  
Topic \_\_\_\_\_ Grade Level \_\_\_\_\_

I am interested in becoming a member of the Education Committee which meets monthly and discusses school curriculum, teachers, texts, policies, goals, and areas of concern. Yes \_\_\_\_\_ No \_\_\_\_\_ No \_\_\_\_\_

**GENERAL PERMISSION FORM**

Date: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian), give permission for my child, \_\_\_\_\_, to:

- 1. Use all equipment and participate in all activities of the School Program (except as noted on medical form). Yes \_\_\_\_\_ No \_\_\_\_\_  
No \_\_\_\_\_
- 2. Be photographed by staff, other children, and newspapers: \_\_\_\_\_ : Yes \_\_\_\_\_ No \_\_\_\_\_  
No \_\_\_\_\_
- 3. Participate in field trips with the supervision of Staff members. Yes \_\_\_\_\_ No \_\_\_\_\_  
No \_\_\_\_\_

**EMERGENCY INFORMATION**

I hereby give my permission to the Director of Education or Staff member in charge to take whatever steps may be necessary to obtain emergency medical care, if warranted.

In the event I am unable to be contacted in case of illness or emergency, the following persons are to be notified:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital/Emergency Room preference \_\_\_\_\_ Call an ambulance? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician \_\_\_\_\_

Name

Address

Phone #

Dentist \_\_\_\_\_

Name

Address

Phone #

Health Plan \_\_\_\_\_ Insurance # \_\_\_\_\_

**MEDICAL TREATMENT RELEASE**

If I am cannot be contacted and emergency treatment is found to be necessary, I hereby authorize a physician or such assistants as may be selected by him/her to render temporary emergency medical treatment to my son/daughter. I understand that I am responsible for any related expenses.

\_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature

**PERMISSION TO ADMINISTER MEDICATION**

Does your child have any allergies or medical conditions that we should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please specify \_\_\_\_\_

If your child will need medication at any time while attending the Morris Nirenberg Religious School of Temple Beth Torah, please:

1. Give consent to the Director of Education or Staff member in charge to administer the medication.
2. Hand the medication directly to the Director of Education, School Secretary, or Teacher. Prescription medication must have the prescribing physician's name, phone number, and must be clearly labeled with the child's name and directions for administration.
3. Complete this information form indicating medicine type, dosage, time, and date that the medication is to be given.

Date \_\_\_\_\_

I, \_\_\_\_\_ (Parent/Guardian), give permission to the Director of Education or Staff member of the Morris Nirenberg Religious School to administer the following medication to my child.

Medication type: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time medication is to be given: \_\_\_\_\_ Date medication is to be given: \_\_\_\_\_