

MORRIS NIRENBERG RELIGIOUS SCHOOL OF TEMPLE BETH TORAH - REGISTRATION

Grade Assignment: 2010-2011

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: _____

Beeper: _____

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 _____

2. Be photographed by staff, other children, and newspapers: _____ : Yes _____ No _____

3. Participate in field trips with the supervision of Staff members. Yes _____ 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.

Parent/Guardian Signature Date: _____

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: _____