

**CONGREGATION KNESETH ISRAEL**  
**School Registration Form 2017-2018**

PLEASE PRINT

**Student's Information**

Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Grade Fall 2017: \_\_\_\_\_

**Parent(s) or Guardian(s) Information**

Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Person(s) you consent to pick-up your child** \_\_\_\_\_

**Emergency Contact Information (please list two)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Sibling(s) Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Comments**

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The more information we have regarding your child/children the better we are able to provide them with the best learning environment possible. Your information will be kept confidential. Please be as specific as possible when answering questions.

### Medical Information

Please specify medication, doses, and times taken: \_\_\_\_\_

Allergies (be specific): \_\_\_\_\_

Medical conditions, which school/teacher should be aware of? If yes please explain: \_\_\_\_\_

Supports such as hearing aid, eyeglasses, wheelchair, etc. (be specific): \_\_\_\_\_

Every effort will be made to contact parent/guardian prior to emergency service. In case of emergency, I give permission for qualified medical treatment to be given to the above-names child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Learning Style Information

What motivates your child? (Disney, music, trains, games): \_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

What is the most preferred way your child enjoys learning? (Visually, orally) \_\_\_\_\_

Is your child more comfortable in a large or small group? \_\_\_\_\_

Does your child receive additional learning supports in schools, such as reading partner, extra time, visuals, modeling, tutoring, etc.? If yes, please be specific \_\_\_\_\_

At what level is our child reading (English)? \_\_\_\_\_

### Photography Release

From time to time, students may be photographed or videotaped at a school event. These pictures may then be used in newspapers, brochures, or on our congregation website.

I (print name) \_\_\_\_\_ (circle one) DO / DO NOT give permission for my child's picture to be used in print or web form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Volunteers

Please indicate if you would be willing to assist in any of the following:

\_\_\_ Head room parent

\_\_\_ Field Trips

\_\_\_ Baking

\_\_\_ Assist during Judaism Rocks

\_\_\_ Fundraising

\_\_\_ Field Trips

\_\_\_ Family Shabbat Onegs

Other \_\_\_\_\_