



**5775 / 2014 – 2015  
RELIGIOUS SCHOOL STUDENT ENROLLMENT FORM**

**STUDENT AND FAMILY INFORMATION**

Student Name(s)	Student (1)	Student (2)	Student (3)	Student (4)
Date of Birth (MM/DD/YY)				
Male/Female				
Secular School				
Grade in Secular School				
Religious School grade				

Parent/Guardian Name(s)	Parent/Guardian (1)	Parent/Guardian (2)
Cell Phone		
Home Phone		
Home Address		
Email Address <i>Email is the primary method of RS communication. It is imperative that we have your most up-to-date email address</i>		

**For communication and emergency purposes, please provide the following information:**

**CHILD(REN) LIVE(S) WITH:**

- Both parents    
  Mother only    
  Father only    
  Other (please explain):

**PARENTS ARE:**

- Domestic Partners    
  Married    
  Separated    
  Divorced    
  Widowed

*In the case of separation or divorce with shared custody, it is necessary for the school to have contact information for both parents. Please submit this information above if necessary. If not available, please attach an explanation or contact the Director.*

**CLASS PREFERENCES**

Please list the names of 1-3 students with whom you wish to have your child(ren) placed, if it is possible for us to do so. We will do our very best to accommodate requests while we consider each child's individual needs.

Student 1	1.	2.	3.
Student 2	1.	2.	3.
Student 3	1.	2.	3.

# MEDICAL AND EMERGENCY INFORMATION (This page must be completed entirely)

## EMERGENCY CONTACTS

Please provide us with a name and phone number (other than parent(s)/guardian(s)) to notify in case of an emergency at school, or in the event of a local emergency. Student(s) may be released to this individual. Please also supply your child(ren)'s doctor's name and phone number:

Emergency Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## ALLERGIES

Food Allergies \_\_\_\_\_ Drug Allergies \_\_\_\_\_

## MEDICATIONS

Is/are your child(ren) presently taking medication on a continuing basis?  Yes  No

Name of Medication(s), dosage and schedule (please attach additional pages as necessary):

\_\_\_\_\_  
\_\_\_\_\_

Prescribed for what condition(s):

\_\_\_\_\_

## PERMISSION TO SEEK TREATMENT

In the event of illness or injury, if I/we cannot be reached, I/we hereby consent to whatever medical examination, treatment, and/or hospital care from a licensed physician is deemed necessary for the safety and welfare of my/our child(ren). It is understood that the resulting expenses will be my/our responsibility. No mark will indicate your approval for us to treat your child.

I do give consent  I do not give consent

## PERMISSION TO GIVE MEDICATION

You have my consent to administer over the counter medications to my child(ren) (Non-aspirin pain reliever and/or external use first aid supplies only.) No mark will indicate your approval for us to administer medication.

I do give consent  I do not give consent

## USE OF CHILD(REN)'S PHOTO

Your child(ren)'s photo may be taken periodically, and may appear in congregational publications, our website or e-newsletters, local Jewish and/or secular press, and/or other printed materials. Please specify if you wish for your child's photograph to appear in these publications, and sign below. No mark will indicate your approval for us to use in your child(ren)'s picture.

Yes, you have permission to use my child(ren)'s picture  No, you do not have permission to use my child(ren)'s picture

Comments (or exceptions):

\_\_\_\_\_

## ADDITIONAL INFORMATION

University Synagogue Religious School recognizes that each and every child is unique. Proverbs 22:6 states, "Teach a child according to his/her own needs." Please help enable us to teach your child(ren) according to his/her/their own needs – use this space below to share any special talents, physical or emotional challenges, learning styles, family situations, special needs, and/or IEPs that might require special attention. *(Please include extra pages or documentation as necessary). This information will be treated with utmost confidentiality by the Religious School administration and faculty.*

\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent(s) / Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

**(Forms without a signature will not be processed)**

