

**REFORM CONGREGATION KENESETH ISRAEL
2011-2012 RELIGIOUS SCHOOL REGISTRATION FORM**



STUDENT NAME: _____

Religious School 2011-2012 Grade: _____

Home Address: _____

Home Telephone: _____

STUDENT Email (if none leave blank): _____

STUDENT Cell Phone (if none leave blank): _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Preferred Method of Contact: _____ Preferred Method of Contact: _____

Please inform us of any custody arrangements:

Please submit any relevant legal documents to the Director of Religious Education by August 15th of the enrollment year.

EMERGENCY INFORMATION

If you are unable to reach either parent in an emergency, please call: Name: _____

Relationship: _____ Phone Number: _____

Does your child have any allergies? Is your child on any medication? If yes to either, please list:

SECULAR SCHOOL INFORMATION

In 2011-2012, my child will attend _____ secular school and be in _____ grade.

PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:

- My child has no current or prior special needs
- My child had trouble learning to read, but has no specific needs now
- My child has an IEP or receives educational or social/emotional support in secular school
- Please have my child's teacher contact me about my child's specific learning or social/emotional needs

AUTHORIZATIONS

I hereby give KI permission to:

- Include any photographs of my child in on its Web Site, in publicity documents, and on social media websites (no names will be attached to photographs without prior authorization) Yes _____ No _____
- In the school directory, print our: HOME PHONE NUMBER Yes ___ No ___ EMAIL Yes ___ No ___

REQUESTS

My child would like to be in class with (1) _____ (2) _____

Twins will not automatically be placed together unless requested. Only two requests will be honored.

Requests cannot be honored after August 15.