



2011 - 2012 (5771) Religious School Registration Form

Child information as of September 2011:

	Child 1	Child 2	Child 3
Name (First & Last)			
Hebrew Name (if known)			
Birth Date			
Secular School Grade (Circle One)	1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4 5 6
Religious/Hebrew School Grade (Circle One)	Jij Alef Bet Gimel	Jij Alef Bet Gimel	Jij Alef Bet Gimel

Jij - Jumping into Judaism (1st/2nd)

Alef (3rd/4th) Bet (5th)

Gimel (6th)

FAMILY INFORMATION

Family Name: _____

Address: _____

Mother's Name:		Address (if different)			
Home #		Work #		Cell #	
Email:					
Father's Name:		Address (if different)			
Home #		Work #		Cell #	
Email:					

Are you members of Havurat Shalom?

YES _____ NO _____

Registration Checklist:

Please return the following items listed below, by September 20, 2011:

- ___ Completed Registration Form
- ___ Completed Medical/Emergency Contact Form
- ___ Completed Student Learning Profile
- ___ First half tuition payment for each child (Please make check payable to Havurat Shalom)
- ___ Volunteer Sign-Up Sheet
- ___ Separate Check for Activity/Book Fee of \$25.00/child enrolled in the religious school. (Please make check payable to Havurat Shalom)

Photography Release:

From time to time group photos may be taken of temple/school activities. In some instances, these pictures may be used on the temple web site to promote temple events/activities. Images of individual students will not be posted on the Internet and children will never be identified.

If you prefer that your child not be photographed, check here.

Parent's signature: _____ Date: _____

Parent's/Guardian's Name (PRINTED): _____

Please send completed registration packet and tuition to:

**David Hastings
2 Kenilworth Street
Andover, MA 01810-2609**

Emergency/Medical Information

Allergies:

None _____ Bee _____ Insect _____ Foods _____

Environmental _____ Other _____

Has an Epi-Pen been prescribed by MD? Yes _____ No _____

Has an inhaler prescribed by MD? Yes _____ No _____

Check any conditions that apply:

<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Migraines
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Nosebleeds
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Gastric Reflux	<input type="checkbox"/>	Panic Attacks
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Seizures
<input type="checkbox"/>	Bladder Control	<input type="checkbox"/>	Cardiac Issues	<input type="checkbox"/>	Wears Glasses/Contacts
<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Kidney Issues	<input type="checkbox"/>	Other

Please describe any special needs or conditions which may affect your child's participation in religious school classes (i.e. vision, hearing, allergies, learning disabilities, etc.):

Does the student have any physical limitations? Yes _____ No _____

If so, what are they?

Please list all medications your child takes at school or home. (For monitoring of side effects):

Medication: _____ Dose: _____ Time: _____

Medication: _____ Dose: _____ Time: _____

Medication: _____ Dose: _____ Time: _____

Medications necessary to be given during the school day, either daily or as needed, must have a written physician's order, written parental permission, and be supplied and delivered by parent in the original container. This applies to prescription and non-prescription medications.

MEDICAL RELEASE

I authorize Havurat Shalom to take measures deemed necessary to seek or administer medical treatment for my child in the event of any emergency. This authorization applies to incidents at the school and/or on field trips. I understand that every attempt will be made to contact me immediately, as well as my child's physician.

Parent's signature: _____ Date: _____

Parent's/Guardian's Name (PRINTED): _____



2011 - 2012 Student Profile

Student Name: _____

Name of School: _____ Grade: _____

Religious school Grade (circle one): Jumping into Judaism (1st/2nd) Alef (3rd/4th) Bet (5th) Gimel (6th)

Your responses to the following questions may be helpful to us in making proper educational decisions for your child. All information will be held in confidence. Feel free to attach a separate sheet if necessary.

Learning Styles:

Tell us any specific information about the way your child learns that you would like us to know.

Please share with us any information that will help enhance your child's educational experience.

Tell us some areas that your child finds challenging.

Tell us any reading, language, or attention difficulties that might affect his/her participation in, or enjoyment of religious school.

(Please see next page)

Please describe any special services, if any, your child receives in secular school or outside secular school.

If your child has an individualized education plan (IEP) or 504 accommodations plan, please notify the Head Teacher and/or attach a copy (It will be kept strictly confidential).

Would you like the Lead Teacher to call you regarding any of the information provided above?

Yes No

Family/Social:

Please supply us with information regarding your personal family situation, which will help us in best educating your child:

Who in your home reads Hebrew and can help your child with his/her Hebrew homework?

Parent's signature: _____ **Date:** _____

Parent's/Guardian's Name (PRINTED): _____