

Parent/Guardian 2:

Name (First, Last):		
Phone Numbers: (h):	(w):	(cell):
Address:		
City, State, Zip:		
E-Mail Address*:	frequently checked:	yes _____ no _____

* Please note that most school communication will be sent by email. We invite you to help us by checking your email frequently. **Please update us when your email address changes.**

Names of siblings:	Dates of birth:
_____	_____
_____	_____
_____	_____
_____	_____

The following information will help the Brotherhood Hebrew School be more sensitive to your child's individual needs:

Are there any medical issues that may impact your child during school hours? (For example, food allergies)

Is your child currently taking any medication? Please explain.

Does your child have any special learning issues? Please explain.

I/We would like to volunteer for the following opportunities:

**Class Parent _____ Book Fair _____ Chanukah _____ Hebrew School Musical _____
Sukkah Decorating _____ Purim Carnival _____ First Day of School _____ Model Seder _____**

I/We authorize the Brotherhood Synagogue Hebrew School to share my contact information with other Brotherhood Synagogue Hebrew School families.

I/We hereby give permission for my child/children's picture and image (both still and moving on film and/or videotape), and his/her/their participation in interviews/performances to be used by the Brotherhood Synagogue Hebrew School for its non-profit purposes.

I/We hereby release The Brotherhood Synagogue & The Brotherhood Synagogue Hebrew School and its agents and employees from all claims, demand, and liabilities whatsoever in connection with the above.

Parent

Date

Parent

Date