THE BROTHERHOOD SYNAGOGUE HEBREW SCHOOL REGISTRATION FORM 2016-2017 (5777)

.28 Gramercy Park South New York, NY 10003 School Phone: (212) 674-5750 ext.210

Email: hebrewschool5775@gmail.com
Web Site: www.brotherhoodsynagogue.org

Please fill out this form (one per student) as accurately as possible. Fill in each and all blank spaces; it is <u>all</u> extremely important information.

Student Information

| Child's First Name: | | | | | | |
|---|----------------------------|--|--|--|--|--|
| Child's Last Name: | | | | | | |
| Child's Hebrew Name: | | | | | | |
| Birth Date: | | | | | | |
| Name of Secular School: | | | | | | |
| Secular & Hebrew School Grade in 2016-2017 | | | | | | |
| Hebrew School Grade 2016-2017 | | | | | | |
| Gender: | | | | | | |
| Home Phone: | | | | | | |
| Child's Email (7 th grade-12 th only) | | | | | | |
| Name of Person(s) & Phone #(s) of those who may pick up my child(ren) from Hebrew School: | | | | | | |
| | | | | | | |
| My child has permission to walk home alone (Yes/No): | | | | | | |
| Emergency Contact (other than parents) Name and Phone #: | | | | | | |
| | | | | | | |
| Family Information | | | | | | |
| Parent/Guardian 1: | | | | | | |
| Name (First, Last): | | | | | | |
| Phone Numbers: (h): (w): | (cell): | | | | | |
| Address: | | | | | | |
| City, State, Zip: | | | | | | |
| E-Mail Address: | frequently checked: yes no | | | | | |

| Parent/Guardian 2 | 2: | | | | | |
|----------------------|------------------------------------|----------------------|----------------------------|-------------------|----------------|--|
| Name (First, Last) |): | | | | | |
| Phone Numbers: | (h): | (w): | (cell): | | | |
| Address: | | | | | | |
| City, State, Zip: | | | | | | |
| E-Mail Address*: | | fre | equently checked: | yes | no | |
| * Please note tha | t most school commu | nication will be | e sent by email. W | e invite y | ou to help us | |
| by checking your | email frequently. Plant | <u>ease update u</u> | <u>s when your email a</u> | <u>address ch</u> | <u>anges</u> . | |
| Names of siblings | Names of siblings: Dates of birth: | | | | | |
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| The following info | ormation will help the | Brotherhood | Hebrew School he | mone cenci | tive to your | |
| • | needs: (Is there anot | | | | • | |
| Child's individual r | ieeds: (15 There and | ner student i | nai your child wish | 23 10 DE P | dced with: | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Are there any me | edical issues that may | impact your | child during school | hours? (F | or example, | |
| food allergies) | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Is your child curr | ently taking any med | lication? Plea | se explain. | | | |
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| | | | | | | |
| Does your child h | ave any special learn | ing issues? Pl | ease explain. | | | |
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| | | | | | | |
| | | | | | | |

| I/We would like | to volunteer for | the following o | pportunities: | | |
|--|------------------|-----------------|------------------|--------------|------------------------|
| Class Parent Sukkah Decoratir | | | | | Benefit Model Seder |
| I/We authorize twith other Broth | | | | share my co | ontact information |
| I/We hereby given film and/or vioused by the Brot | deotape), and hi | s/her/their par | ticipation in in | terviews/per | |
| I/We hereby rele School and its ag connection with t | gents and employ | | | • | |
| Parent | | _ | Date | | |
| | | | | | |

Date

Parent