

THE BROTHERHOOD SYNAGOGUE HEBREW SCHOOL REGISTRATION FORM 2018-2019 (5779)

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 all extremely important information.

Student Information

Child's First Name:
Child's Last Name:
Child's Hebrew Name:
Birth Date:
Name of Secular School:
Secular School Grade in 2018-2019
Hebrew School Grade 2018-2019
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:

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: (Is there another student that your child wishes to be placed with?)

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 Celebration _____
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