

# Registration Form (3 total pages)

## North Alabama Community Hebraic School School Year 5771 (2010-2011)

### Children's Information

Name	Grade	Date of Birth	Gender	Hebrew Name

\_\_\_\_\_  
Parent A's Name

\_\_\_\_\_  
Parent B's Name

\_\_\_\_\_  
Parent A's Address

\_\_\_\_\_  
Parent B's Address (If different)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

Parent has legal custody for this student

Parent has legal custody for this student

Include email address in parent directory

Include email address in parent directory

Parent to receive Religious School communications

Parent to receive Religious School communications

Please check all that apply:  Parents are married and living together;  Parents are divorced;  Parents are separated;  Single parent;  Parent deceased;  Other (please explain)\_\_\_\_\_

Parent A is remarried

Parent B is remarried

\_\_\_\_\_  
Stepparent's Name

\_\_\_\_\_  
Stepparent's Name

\_\_\_\_\_  
Address (If different from above)

\_\_\_\_\_  
Address (If different from above)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

Parent has legal custody for this student

Parent has legal custody for this student

Include email address in parent directory

Include email address in parent directory

Parent to receive Religious School mailings

Parent to receive Religious School mailings

Tuition:

First Student affiliated *	.....		=	\$225
Additional affiliated *	# _____	X \$200	=	_____
Unaffiliated *	# _____	X \$750	=	_____

**Total \$ Enclosed** \_\_\_\_\_

\* Affiliated = members of Temple B'nai Sholom or Etz Chayim

**First day of religious school is Sunday August 21, 2011.**

**NOTE: Signature denotes Parent or Guardian understanding all Children must be picked up No later Than 12:15 on Sunday and that the parent or Guardian has read and will conform to the policies in the NACHaS handbook.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Release Form (confidential, one for each child)

Student's Name \_\_\_\_\_

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**In Case of Emergency:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Telephone Number \_\_\_\_\_

In case of emergency, do you give permission to the administrative staff to call your doctor or take your child to the hospital to receive appropriate emergency treatment?  **YES**  **NO**

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Doctor's Name and Phone Number \_\_\_\_\_

1. Please let us know of any pertinent medical, psychological, emotional, or educational issues not listed below that may require special attention or limit participation in school activities. Please indicate how you and/or your secular school have provided support to your child.

2. Is there any additional information about your child that you feel would be important for us to know? If yes, please explain.

*I/We* would like an appointment with the Principals to further discuss the information on this form.

**Health Concerns: Note\*\*\*: Health Form is required if any of the starred boxes below are checked**

Allergies\*\*\* (foods, medications, bee stings, etc.)

Asthma\*\*\*

Diabetes\*\*\*

Seizure Disorder\*\*\*

Other (explain) \_\_\_\_\_

Sensory/physical limitations \_\_\_\_\_

chronic illness  frequent need to use the bathroom  hearing  visual  nosebleeds  headaches

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By signing below, I give permission to NACHaS to use any photographs taken of my child(ren) during Religious School, special events, or Youth Programs on its website or promotional materials. I understand that my child(ren)'s name will not be associated with the photograph and NACHaS will not receive any monetary compensation for posting the photographs.  **YES**  **NO**

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_