



RELIGIOUS SCHOOL Student Registration 2018-2019

Religious School is offered to Congregation Shir Ami members in good standing. Class placement is based on age and progress with final determination by the Rabbi/Director of Education. Please complete, sign and submit this form and payment prior to the first day of Religious School (8/29/2018). In order to register for Religious School, your 2017-2018 dues commitment must be paid in full and your 2018-2019 pledge form must be received. Please contact Treasurer, Alysa Gisser, with questions at adgisser@gmail.com.

****Complete the form in its entirety; students will not be admitted to class until this form has been received.****

Child's Information

Full Name: _____ **Grade 2018-19** _____ **Sex: F or M**

Birthdate: _____ **Child's E-mail:** _____ **Child's Cell:** _____

Nickname: _____ **Secular School 2018-19** _____

Hebrew Name: _____ **Formal Name for Certificates:** _____

Child resides with: ___ **Mother** ___ **Father** ___ **Both** ___ **Other; please specify:** _____

Parent/Guardian Information

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

My child will be attending: _____ Sunday School (Ages 6-13) _____ Hebrew School (Ages 9-13)

Previous Religious School If this is your child's first year with Congregation Shir Ami's Religious School, please describe your child's previous Jewish education, if any. Include names of religious schools and dates of attendance.

In Case of Emergency

Should my child become ill or injured and a parent cannot be reached, please notify either of the following (Two emergency contacts are required):

Authorized
to pick up

Name: _____ Relationship: _____ Phone: _____ Y / N

Name: _____ Relationship: _____ Phone: _____ Y / N

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Congregation Shir Ami or its representative to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent Signature: _____ Date: _____

To better meet the needs of your child, we ask that you complete the following. This information will be kept confidential between the Vice President, Religious School; the Rabbi/Director of Education; and your child's teacher.

Is your child on any regular medication? Y / N If yes, please list all medications: _____

Does your child have any medical or emotional concerns that we should be aware of? If yes, please explain:

Does your child have an IEP? Y / N 504 Plan? Y / N
If yes, please explain: _____

Does your child's secular school have modifications or accommodations in place to make it easier for your child to learn?
If yes, please explain: _____

Has your child been diagnosed with any of the following? Please check all that apply.
 Allergies/Food or Drug Allergies/Seasonal Asthma
 Attention/Hyperactivity Concerns Diabetes Dyslexia
 Epilepsy Eye/Vision Issues Fine/Gross Motor Issues
 Handwriting Concerns Hearing Issues Heart Issues
 Speech/Language Concerns Wears Glasses/Contacts Other Concerns

Please describe in detail any checked items: _____

Please share anything else about your child as a learner you would like our faculty to know. For instance, how does your child prefer to learn/learn best? _____

Would you like to schedule a private appointment to discuss your child's needs? Y / N

I, _____, agree to review Congregation Shir Ami Religious School Policies and Code of Conduct with my child prior to the first day of school, August 29, 2018. These revised policies will be emailed to families and available at shir-ami.net.
Parent Signature: _____ Date: _____

**Please submit Religious School Registration forms and payment to:
Vice President, Religious School
Shir Ami
PO Box 3716
Cedar Park, TX 78630**