



## RELIGIOUS SCHOOL Student Registration 2019-2020

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 (8/25/2019). In order to register for Religious School, your 2018-2019 dues commitment must be paid in full and your 2019-2020 pledge form must be received. Please contact Treasurer, Alysa Gisser, with questions at [adgisser@gmail.com](mailto: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 2019-20** \_\_\_\_\_ **Sex: F or M**

**Birthdate:** \_\_\_\_\_ **Child's E-mail:** \_\_\_\_\_ **Child's Cell:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Secular School 2019-20** \_\_\_\_\_

**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.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Allergies/Food or Drug           | <input type="checkbox"/> Allergies/Seasonal     | <input type="checkbox"/> Asthma                  |
| <input type="checkbox"/> Attention/Hyperactivity Concerns | <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Dyslexia                |
| <input type="checkbox"/> Epilepsy                         | <input type="checkbox"/> Eye/Vision Issues      | <input type="checkbox"/> Fine/Gross Motor Issues |
| <input type="checkbox"/> Handwriting Concerns             | <input type="checkbox"/> Hearing Issues         | <input type="checkbox"/> Heart Issues            |
| <input type="checkbox"/> Speech/Language Concerns         | <input type="checkbox"/> Wears Glasses/Contacts | <input type="checkbox"/> 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**