



**CONGREGATION B'NAI ISRAEL  
HEBREW SCHOOL REGISTRATION 2009-2010**

**PLEASE PRINT CLEARLY**

**Student #1** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2009 \_\_\_\_\_

Home Address \_\_\_\_\_

**Student #2** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2009 \_\_\_\_\_

Home Address (if different than above) \_\_\_\_\_

**Student #3** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2009 \_\_\_\_\_

Home Address (if different than above) \_\_\_\_\_

**MOTHER'S** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Mother's Business Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Home Address (if different than above) \_\_\_\_\_

**FATHER'S** Name \_\_\_\_\_ Home Phone (if different than above) \_\_\_\_\_

Email (REQUIRED) \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Home Address (if different than above) \_\_\_\_\_

*I agree that photographs taken during the course of Hebrew School classes or any other CBI activities that contain images of my child(ren) or other family member, may be reprinted and used for publicity by Congregation B'nai Israel, and may be included on the temple's website without names identified.*

(Circle one): YES NO

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Family Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Please inform us of anything that will help us provide your child with the best possible educational environment (i.e. learning disabilities, medication, divorce, allergies, etc. – Some items will be listed again on the Emergency Information Form in this packet).

Student's Name/Info: \_\_\_\_\_

Student's Name/Info: \_\_\_\_\_

Student's Name/Info: \_\_\_\_\_

**FOR NEW STUDENTS:** (Please identify for EACH child)

<u>STUDENT'S NAME</u>	<u>PRIOR RELIGIOUS SCHOOL INFO</u> (Temple name, city and state)	<u># OF YEARS ATTENDED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

While we DO NOT promise to assign your child to a class with a requested friend, every attempt is made to do so. Please list ONE other person from the same grade that your child(ren) would like to have in his/her class:

\_\_\_\_\_ Student #1                      \_\_\_\_\_ Student #2                      \_\_\_\_\_ Student #3

**ADDITIONAL FAMILY INFORMATION:**

Please list the name and age of all children, who will not be enrolled in Hebrew School for the 2009-2010 school year BUT (1) will be enrolled in future years (this helps us plan ahead) or (2) are beyond Hebrew School age:

_____ Name	_____ Date of birth	_____ Grade in Sept. - 2009
_____ Name	_____ Date of birth	_____ Grade in Sept. - 2009
_____ Name	_____ Date of birth	_____ Grade in Sept. - 2009
_____ Name	_____ Date of birth	_____ Grade in Sept. - 2009

In the event of a WEEKDAY cancellation, what telephone number is the BEST to use to notify you?:

\_\_\_\_\_

Family Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_

## TEMPLE INVOLVEMENT OPPORTUNITIES: 2009-2010

The Hebrew school of Congregation B'nai Israel strongly encourages parents to be active in synagogue life. Your participation in the synagogue will help to teach your child the importance of being Jewish. We ask you to volunteer to assist in at least one area. Please check area(s) below in which you wish to volunteer. SUGGESTIONS ARE WELCOME!!

\_\_\_\_\_ **Class Parent** (assist in phone chain to contact families concerning emergency closings, class service reminders, etc.)

\_\_\_\_\_ **Succhoth Brunch** (assist in set-up and clean-up of CBI's annual brunch in honor of Succhoth - Fall)

\_\_\_\_\_ **Judaica/Secular Book Fair** (assist in set-up and sales of book fair as a Hebrew School Fund Raiser (November/December – varied shifts available during Hebrew School hours on approximately 4 sale dates)

\_\_\_\_\_ **Purim Carnival** (assist in preparing, set-up, running and dismantling of CBI's annual Purim Carnival – Feb./March)

\_\_\_\_\_ **Passover Candy** (assist in distribution and processing Passover candy as a fundraiser)

\_\_\_\_\_ **Class Oneg, Kiddush and/or Shabbat Dinner** (assist in set-up and clean-up for your child's class religious service on Friday night or Saturday morning or assist with the Shabbat dinner the night of the class religious service on Friday night).

\_\_\_\_\_ **School Assistance** (assist at time of dismissal, lobby monitor, and/or provide office assistance at the beginning, end, or during class hours)

\_\_\_\_\_ I would like to become more active in the synagogue. Please contact me with information about other synagogue activities.

Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Parent(s) Name(s) – Please print

Family Name \_\_\_\_\_  
Home Phone # \_\_\_\_\_

## CBI HEBREW SCHOOL EMERGENCY INFORMATION FORM: 2009-2010

**PLEASE PRINT CLEARLY**

Emergency Contacts (If you request a particular person for a particular child, please note it below):

1. Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Emergency Cell: \_\_\_\_\_
2. Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Emergency Cell: \_\_\_\_\_
3. Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Emergency Cell: \_\_\_\_\_

Does your child(ren) have your permission to go home with people listed above? (Circle one): YES NO

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Insurance Member # \_\_\_\_\_

**Clearly indicate the name of the child for whom the information as to allergies, medications, or special circumstances applies.**

ALLERGIES (Identify EACH CHILD by name): \_\_\_\_\_  
\_\_\_\_\_

Does your child(ren) have any medical condition(s) or issues that CBI should be made aware of?

(Circle one): YES NO

If YES please specify. Remember to identify the particular child(ren) by name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication(s) your child(ren) needs to take during CBI Hebrew school hours. Remember to identify the particular child(ren) by name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If emergency medical treatment is required, I authorize CBI's employees to use their judgment in sending my child(ren) to the hospital or doctor. I understand that CBI will make efforts to notify me when such a situation occurs.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print**

\_\_\_\_\_  
**Date**

\_\_\_\_\_