

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
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ADDITIONAL FAMILY INFORMATION:

Please list the name and age of all children, who will not be enrolled in Hebrew School for the 2010-2011 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. - 2010
_____	_____	_____
Name	Date of birth	Grade in Sept. - 2010
_____	_____	_____
Name	Date of birth	Grade in Sept. - 2010
_____	_____	_____
Name	Date of birth	Grade in Sept. - 2010

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

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TEMPLE INVOLVEMENT OPPORTUNITIES: 2010-2011

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.)

_____ **Sucloth Brunch** (assist in set-up and clean-up of CBI's annual brunch in honor of Sucloth - Fall)

_____ **Tutor** (help by working one-on-one with students in areas of elementary Hebrew reading, and singing prayers)

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

_____ **Passover Fundraiser** (assist in distribution and processing Passover candy, etc. 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, such as Social Action Committee, Good and Welfare, etc.

Suggestions: _____

Parent(s) Name(s) – Please print

Family Name _____
Home Phone # _____

CBI HEBREW SCHOOL EMERGENCY INFORMATION FORM: 2010-2011

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**