



# REGISTRATION FORM FOR 2018/19

*The Ethel Honigman Religious School  
at Congregation Beth Shalom*

(please print clearly with a black or blue pen)

Office Use Only

Rec'd \_\_\_\_\_

File copy \_\_\_\_\_

Teacher copy \_\_\_\_\_

## **STUDENT INFORMATION:** (Attach separate sheet for additional student(s) with student information only)

Student's Last Name	First Name	Middle Name	Date of Birth	Grade in 2018-19	Name of School
Allergies/Medical Conditions				Hebrew Name:	

Student's Last Name	First Name	Middle Name	Date of Birth	Grade in 2018-19	Name of School
Allergies/Medical Conditions				Hebrew Name:	

Home: (If student resides in more than one home, please list the secondary address as well)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## **PARENT INFORMATION:** (In addition to email, please check if you would like to receive info via cell phone)

Parent 1 Name (First & Last) \_\_\_\_\_ Cell Phone \_\_\_\_\_ ☐ Home (if different) \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Name (First & Last) \_\_\_\_\_ Cell Phone \_\_\_\_\_ ☐ Home (if different) \_\_\_\_\_ Email \_\_\_\_\_

Parent 1 Religion \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Parent 2 Religion \_\_\_\_\_ Hebrew Name \_\_\_\_\_

## **PICK UP:** Please list the names of those who are authorized to pick up your child(ren)

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

**Siblings**      **Date of Birth**  
(Not registered in Religious School)

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

## **IN CASE OF EMERGENCY (person other than parent)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **circle one:**  
**home cell work**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration can also be completed online at <http://tiny.cc/CBSschool18-19>

\*\*\*6<sup>th</sup> – 12<sup>th</sup> graders must also complete the Kadima/USY registration\*\*\*