



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	<input type="checkbox"/>	Home (if different)	Email
Parent 2 Name (First & Last)	Cell Phone	<input type="checkbox"/>	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>

6th – 12th graders must also complete the Kadima/USY registration