



Congregation Kehillah Youth Education Program



Registration Form

2017-2018/5777 -5778

Grades K – 8

602-369-7667

info@congregationkehillah.org

www.congregationkehillah.org

A Registration Form for each child must be completed before that child may attend classes.

Child's Name: _____

LAST FIRST MIDDLE HEBREW

Address/Phone: _____

STREET ADDRESS

CITY

STATE

ZIP

Birth Date: ____/____/____ Current Age: _____ Male Female

Grade in Aug 2017: _____ School District: _____ Name of School _____

If new to Congregation Kehillah and YEP! please list prior religious school education and grade level

Parent 1: _____

Name Home Phone Cell phone Email

Parent 2: _____

Name Home Phone Cell phone Email

PHOTOGRAPHIC RELEASE

☐ During the school year we take pictures that may include your child. These pictures may be used in our newsletters, on our website and for publicity. Check the box to the left if you **APPROVE** the use of these photos and please sign below.

Parent(s) Guardian(s) Signature

PAYMENT

\$75 Supply/Activity per child

This fee will help defray the cost of work books, art supplies, snacks and other purchased items during the school year. Please include payment with this form. Thank you.

Donations to YEP! are always welcome.

EMERGENCY CONTACT INFORMATION

Medical Contact:

Physician's Name

Phone

Street Address

City

State

Zip

Emergency Contact #1: _____

Name

Relationship to Child

Phone

Alternate Number

Emergency Contact #1: _____

Name

Relationship to Child

Phone

Alternate Number

In the event that I cannot be contacted, I hereby give authority to any hospital or doctor to render immediate aid as required at the time for my child's health and safety. I understand I am responsible for this expense.

Parents(s)/Guardian(s) Signature

Date

ADDITIONAL HISTORY / IMPORTANT INFORMATION

Is there more than one religion observed in your home? _____

Yes

No

Does your child have any allergies? _____

Yes

No

If yes, please list all allergies: _____

Does your child have asthma or respiratory condition? _____

Yes

No

If yes, please explain: _____

Is your child on regular medication? _____

Yes

No

If yes, please list what kind: _____

So that we might provide the best learning environment for your child, please share any of your child's emotional, behavioral, physical or learning needs of which we should be aware:

Is your child in any special class for any reason? _____

Yes

No

If yes, please explain: _____

In the case of a divorce, to which parent should school information be sent? _____

Is there anything else that we should know about your child? _____

Are there any other contacts you wish us to have? _____
