

CONGREGATION NER TAMID OF SOUTH BAY – CLAL REGISTRATION FORM 2019-2020

STUDENT INFORMATION

Name:	Birthdate:
Hebrew Name:	Grade in CLAL: New Student?:
Secular School:	Grade in Secular School:

ADDITIONAL PROGRAM REGISTRATION

Program	Check Box
Madrichim (gr 8-10 – must be enrolled in USY High)	
Madrichim (gr 11-12)	

FAMILY INFORMATION

Parent 1 Name:	Parent 2 Name:
Religious Background:	Religious Background:
Address:	Address:
Cell #:	Cell #:
Email:	Email:
Occupation:	Occupation:
Work Ph:	Work Ph#:
Marital Status & Spouse Name:	Marital Status & Spouse Name:
Does student reside with both parents?	If not, should both parents receive school materials?
If not, with whom does student reside?	We rely heavily on email. Which email shall we use for school notices?

Please share your thoughts on your student's religious school experience:

If your child is new to this school, what is their Jewish education background?

PHOTO RELEASE

If you do **NOT** authorize Congregation Ner Tamid to use photos of your child(ren) in print and online media, please check here:

Signature of Parent /Guardian

Relationship to Student

Date

FIELD TRIP PERMISSION

____ YES, I grant permission for my child(ren) to participate in all activities and go on all trips arranged by CNT/CLAL/USY Staff.

____ NO, I do not grant permission for my child(ren) to participate in all activities and go on all trips arranged by CNT/CLAL/USY Staff. I understand that my refusal to consent to the foregoing will disallow the aforementioned students to go to the park on or class trips.

STUDENT NEEDS SURVEY

Does your student have an IEP? _____

Do any of the following conditions or needs apply to any of your children? Circle any/all that apply.

ADD	ADHD	Allergies – Please list below
Autism/Spectrum Disorders	Behavioral Concerns	Color Blindness
Dyslexia	Dysgraphia	Health Concerns
Hearing Impairment	Hearing Aids	Learning Difficulties
Oppositional Defiant Disorder	Physical Challenges	Special Learning Needs
Speech Impairment	Takes Medication Daily	Visual Impairment
Other Concerns		

Allergies: _____

MEDICAL AND RELEASE FORM 2019-2020

I hereby authorize the Congregation Ner Tamid CLAL or its authorized representatives, as agent(s) for the undersigned to consent to any medical diagnosis or treatment rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the California Medicine Practice Act, as is necessary for the benefit of my child/children. The authorization is given in advance of any specific diagnosis or treatment, and is given to provide authority and power on the part of the aforementioned agent(s) to give specific consent to any such diagnosis and/or treatment which the aforementioned physician and/or surgeon in the exercise of his/her judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the current school year.

Signature: _____

Date: _____

MEDICAL INFORMATION 2019-2020

Doctor's Name:

Doctor's Phone:

My child can be administered Tylenol by staff: YES NO

My child can be administered Benadryl by staff: YES NO

Is there anything else that you feel is important for us to know about your child(ren)?

EMERGENCY CONTACT INFORMATION

If the school is unable to reach me, you are authorized to release my child/children to the following:

Name	Relationship	Phone Number