

**Congregation Am Echod Religious School  
2019 - 2020 Registration**



**Hebrew School Policy**

Hebrew School begins in Third grade. All Hebrew School students must also be enrolled in Religious School.

Four (4) years of Heberw and Religious School, or its equivalent, are required for Bar / Bat Mitzvah.

**Parent Information**

**Parent 1**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home/Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

**Parent 2**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Home/Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Mobile Phone \_\_\_\_\_

I give permission for my child(ren) to be photographed/video recorded for the purpose of promoting our congregation in print and online, including social media (please check one): Yes No

**Parent 1 Signature**

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_

**Parent 2 Signature**

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_

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Please complete the following for all children attending Religious/Hebrew school:

**Child 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Medical, Learning, and/or Emotional Concerns: \_\_\_\_\_

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**Child 2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Medical, Learning, and/or Emotional Concerns: \_\_\_\_\_

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**Child 3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Medical, Learning, and/or Emotional Concerns: \_\_\_\_\_

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**Child 4**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Medical, Learning, and/or Emotional Concerns: \_\_\_\_\_

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