

The following information must be completed each year :

## HEALTH FORM 2014-2015

I authorize and consent that my child \_\_\_\_\_ who is attending the B'nai Tikvah Religious School may receive emergency medical treatment in the event of any injury or illness. Any authorized adult leader is granted permission to use the services of any physician or surgeon licensed under the provisions of the Medical Practice Act provided she/he is on the medical staff of a licensed hospital, whether services are rendered at the office of the said physician or a licensed hospital. This consent will remain in effect while my child is at Religious School, whether on the premises or on a field trip.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

My child is presently taking the following medications: \_\_\_\_\_

Special needs to be aware of in rendering treatment are: \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Heart Problems \_\_\_\_\_

Individual Educational Profile ( IEP ) *please circle*: Yes No Completion date \_\_\_\_\_

Wears Glasses for reading \_\_\_\_\_ Wears Contact lenses \_\_\_\_\_

Food Allergies (Please list): \_\_\_\_\_

Other Health Problems: \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency phone # \_\_\_\_\_ Beeper # \_\_\_\_\_

Describe any physical or learning problems which might affect the student's participation or performance :

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## PHOTOGRAPHY RELEASE FORM 2014- 2015

I grant permission for my child \_\_\_\_\_'s photograph to be released to the media for B'nai Tikvah publicity purposes. Student's names are not used without express permission of the parents.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## FIELD TRIP PERMISSION FORM 2014 - 2015

I grant permission for my child \_\_\_\_\_ to participate in any Religious School function or field trip, whether it is on the premises or away.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach  
picture here.

# Congregation B'nai Tikvah - Religious School 2014 - 2015 New Student Registration

2510 Gateway Road, Carlsbad, CA 92009  
(760) 650-2262 (Synagogue & FAX) www.bnaitikvahsd.com  
Mailing address : PO BOX 926 Vista, CA 92085

STUDENT'S NAME \_\_\_\_\_ / \_\_\_\_\_  
(last) (first) (middle) (Hebrew)

BIRTH DATE \_\_\_\_\_ M F SECULAR SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_  
(street) (city) (zip)

HOME TELEPHONE \_\_\_\_\_ e-mail ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

Parent #1 - Name \_\_\_\_\_

Parent #2 - Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

e-mail \_\_\_\_\_

e-mail \_\_\_\_\_

Pager \_\_\_\_\_

Pager \_\_\_\_\_

FAX \_\_\_\_\_

FAX \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Parent's Employer \_\_\_\_\_

Parent's Employer \_\_\_\_\_

Work Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

NAME OF PERSON/S WITH WHOM STUDENT LIVES \_\_\_\_\_

SCHOOL MAILINGS TO BE SENT TO: Parent 1 Parent 2 Both Parents (PLEASE CIRCLE)

EMERGENCY CONTACT 1 \_\_\_\_\_  
(name) (cell phone) (relationship)

EMERGENCY CONTACT 2 \_\_\_\_\_  
(name) (cell phone) (relationship)

## LIST BROTHERS AND SISTERS :

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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For Administrative notes: