

The following information must be completed each year :

HEALTH FORM 2017 - 2018

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 / Sensitivity (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 :

PHOTOGRAPHY RELEASE FORM 2017 - 2018

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 2017 - 2018

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 _____

TECHNOLOGY CONSENT FORM 2017 - 2018

I grant permission for my child _____ to use technology in the classroom. My child will comply with conditions of acceptable use and behavior regarding the program's network guidelines when bringing in & using his/her own portable, wireless device in class.

Parent signature _____ Date _____

Please attach

Congregation B'nai Tikvah - Religious School

2017 - 2018 New Student Registration

picture here.

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 _____

For Administrative notes: