

Gesher Religious School

PARENT 1

PARENT 2

Parent Names	
Home Address	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

- * How would you like to be contacted? Phone Email Text Please circle**
- * Who should we consider the primary contact for your family? ___ Parent 1 ___ Parent 2 ___ Both
- * If separated/divorced: Who is the custodial parent? ___ Parent 1 ___ Parent 2 ___ Both
- * If separated/divorced: Who should receive school mailings? ___ Parent 1 ___ Parent 2 ___ Both
- * Would you be willing to volunteer for school events? ___ Parent 1 ___ Parent 2 ___ Both

REGISTRATION INFORMATION FORM 2017- 2018

1ST CHILD 2ND CHILD 3RD CHILD

First & Last Name:		
Grade (Fall 2017):		
Birth Date:		
School Attending:		
School Phone No.:		
Student Email:		
Hebrew Name:		

- * I give permission for the use of my child's photograph for Religious School/Synagogue promotional purposes.
 ___ Yes / ___ No ___ Yes / ___ No ___ Yes / ___ No
- * May we share your child's and family contact information in a Religious School Directory?
 ___ Yes / ___ No ___ Yes / ___ No ___ Yes / ___ No
- * My child has permission to travel by car or bus with the Congregation Shir Shalom Religious School for the 2017-18 school year.
 ___ Yes / ___ No ___ Yes / ___ No ___ Yes / ___ No
- * I hereby grant permission for my child to participate in all Religious School activities for the 2017-18 school year.
 ___ Yes / ___ No ___ Yes / ___ No ___ Yes / ___ No

* Please list any food allergies or other medical concerns that we should be aware of for your child(ren).

1ST CHILD	2ND CHILD	3RD CHILD

OFFICE USE ONLY	Date Rec'd	Amount Paid	Check #	Database Updated