

ENROLLMENT FORM

2023-24

TODAY'S DATE _____

STUDENT'S NAME _____ BIRTHDATE _____

STUDENT'S HEBREW NAME _____ STUDENT E-MAIL _____

FULL ADDRESS _____

PHONE (_____) _____ CELL (_____) _____

SCHOOL ATTENDING _____ GRADE IN FALL '21 _____

SIBLINGS (LIST) _____

PARENTS OR GUARDIANS

PARENT 1 _____ PARENT 2 _____

HEBREW NAME _____ HEBREW NAME _____

ADDRESS (if diff. from above) _____ ADDRESS (if diff. from above) _____

CELL (_____) _____

CELL (_____) _____

EMAIL ADDRESS _____ EMAIL ADDRESS _____

OCCUPATION _____ OCCUPATION _____

WORK PHONE(_____) _____

WORK PHONE(_____) _____

FAX _____ FAX _____

COMMENTS: Is there any information you can give us to better facilitate your child's education? (For example, a special friend, etc.) Does your child have special learning needs? If you need more space, continue on the back.

HEALTH FORM

2023-24

Student's name _____ Birth Date _____

Parent 1 _____ Parent 2 _____

Cell Number (____) _____ Cell Number (____) _____

Health Insurance company _____ Policy # _____

Name of policy holder _____ Ins. Co. Phone # (____) _____

Date of last Tetanus shot _____ **Child's weight** _____ **lbs.**

Does your child currently have or ever been treated for:

_____ Surgery _____ Serious Illness _____ Hyperactivity _____ Frequent
headaches

_____ Allergies _____ Asthma _____ Seizures _____ Diabetes

Other _____

If you answered yes to any of the above, please explain:

Current medication(s), dosage, & reason prescribed _____

Name of physician _____ Telephone # (____) _____

IN CASE OF AN EMERGENCY (PARENTS WILL BE NOTIFIED FIRST), PLEASE LIST EMERGENCY CONTACTS WE CAN REACH BESIDE YOURSELVES (**PLEASE CONTACT THE SCHOOL OFFICE IMMEDIATELY WITH ANY CHANGES**):

1) _____ HOME PHONE _____
RELATIONSHIP _____ CELL PHONE # _____

2) _____ HOME PHONE _____
RELATIONSHIP _____ CELL PHONE # _____

In order to optimize your child's learning environment, please identify any special services s/he receives in public school such as the gifted program, learning center, remedial reading, resource room, or IEP (**if your child has an IEP, PLEASE ATTACH A COPY TO THIS FORM**).

Parent/Guardian Signature _____

AUTHORIZATION TO PERMIT EMERGENCY MEDICAL CARE OR TREATMENT AND RELEASE OF
INFORMATION FOR MEDIA AND OTHERWISE

To Whom It May Concern:

Effective from 8/1/23 through 8/31/24, we _____
and _____, the parents and/or legal guardians of _____,
do hereby grant Congregation Beth Shalom ("CBS"), its agents, servants, and employees, the
authority to direct, authorize and permit any medical care or treatment for our child, _____
____ ("Child") while in its care. We hereby agree to assume all financial responsibility for such care or
treatment on behalf of our Child and to either pay the medical provider directly or to reimburse
CBS, its agents, servants, and employees for any reasonable and necessary medical expenses
incurred by it on behalf of our Child.

We also do hereby grant CBS, its agents, servants, and employees, the authority to remove our
Child from its facilities while in its care in the event of any emergency which, in the sole and
exclusive opinion of CBS, its agents, servants, and employees, necessitates such removal. We
hereby agree that CBS, its agents, servants, and employees, may transport our Child to such other
locations as may be deemed necessary in order to safeguard our Child from the known or
perceived threats or risks to their safety.

Media

We also do hereby consent that any information or images relating to our Child may be
reproduced by CBS and/or the public media for use in advertising, publicity, or educational
activities including, but not limited to, CBS publications and/or videos, prints, television news and
websites. Furthermore, we hereby consent that such images are the property of CBS and that CBS
shall have the right to sell, duplicate, reproduce in the form of advertising, or otherwise publish and
make other uses of such images as CBS may desire. We agree to waive any claims we may have
and release CBS, its agents, servants, and employees, from any liabilities or claims arising out of such
activities.

The Family Educational Rights and Privacy Act ("FERPA"), a federal law, requires that schools,
with certain exceptions, obtain my written consent prior to disclosure of personally identifiable
information from my Child's educational records. With this in mind, I agree that CBS may disclose
appropriately designated "directory information" by my signature below. CBS has designated the
following information as directory information: student's name, grade level, whether they are a
student in good standing, and whether and when the student has graduated. A photocopy of this
authorization shall be of the same force and effect as an original for purposes of authorizing and
permitting the medical care or treatment requested for our Child.

Date: _____

Signature _____

Signature _____

**I would like the following contact information included on a PRS Family Roster that will be given to all PRS parents to be able to contact each other easily...(check the circle for all that apply)

- Name of Parent(s)
- Name of Student(s)
- Home Phone
- Cell Phone
- Email Address
- Do not include my information in the PRS Family Roster for

2023-24
2022