



Because Jewish wisdom can make  
a good family even better.

## JEWEL REGISTRATION FORM 2010-2011

Please fill out a separate form for each child enrolled

*In order to best serve your child and family, as well as tend to their legal responsibilities, please complete this form in full. Fill in every blank and return this form with tuition worksheet.  
All information is treated with confidentiality.*

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**Student's Name:**

Last	First	Name Called	Hebrew Name
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**Address:**

Street Address	City	Zip Code
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**Home Phone:**

**Grade (as of Sept '10):**

**Child's Birthday:** / /

**Mother's Name:**

Last	First	Hebrew Name	Was mother born Jewish?
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**Address: (if different)**

Street Address	City	Zip Code
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**Home Phone:**

**Work Phone:**

**Mobile Phone:**

**Father's Name:**

Last	First	Hebrew Name	Was father born Jewish?
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**Address: (if different)**

Street Address	City	Zip Code
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**Home Phone:**

**Work Phone:**

**Mobile Phone:**

**Mother's E-Mail:**

**Father's E-Mail:**

Other information that may be helpful regarding your child and the family situation:

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*Over, please*



POB 798  
Olney, MD 20832  
[www.betterfamily.org](http://www.betterfamily.org)

P: 301-260-1378  
Fax: 301-774-2417

## JEWEL REGISTRATION FORM (continued)

Family Name: \_\_\_\_\_

Are the Parents  Married  Separated  Divorced

Does one parent have custody? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Who is/are the legal guardian(s): \_\_\_\_\_

Is a relative NOT permitted to pick up the child(ren) from school? \_\_\_\_\_

If other than parent, name a person(s) with whom the child(ren) live(s) \_\_\_\_\_

### Emergency Action Authorization:

#### Emergency Contact 1:

Name	Phone Number	Relationship to student
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#### Emergency Contact 2:

Name	Phone Number	Relationship to student
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Physician's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

### **Please list any allergies and/or medical condition and treatment:**

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- I hereby authorize the supervising person present to grant approval to administer First Aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary.

- I hereby release the congregation and all the people associated with this program from any liability whether joint or several for injury and/or damages arising out of/ or as a result of any child's participation in this program.

### **Signatures of Parent(s) or Guardian(s):**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

*Please let us know who referred you to JEWEL:* \_\_\_\_\_