



Because Jewish wisdom can make
a good family even better.

JEWEL REGISTRATION FORM 2011-2012

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.

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 '11):

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:

Over, please



POB 798
Olney, MD 20832
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:

- 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: _____