



Because Jewish wisdom can make
a good family even better.

NURSERY SCHOOL REGISTRATION FORM 2009-2010

Please Fill out a separate Form for each child enrolled

Child's Name:

Last First Middle Hebrew Name

Address:

Street Address City Zip Code

Home Phone:

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Child's Birthday:

/ /
dd/mm/yy

Parents Marital Status: Married Divorced Single

Primary Residence: Both Mother Father

Mother's Name:

Last First Middle Hebrew Name

Address:

Street Address City Zip Code

Home Phone:

() _____

Work Phone:

Mobile Phone:

Father's Name:

Last First Middle Hebrew Name

Address:

Street Address City Zip Code

Home Phone:

() _____

Work Phone:

Mobile Phone:

Mother's E-Mail Address:

/ Father's E-Mail Address:

Emergency Information:

Name Phone Number Relationship

Emergency Action Authorization:

Physician's Name:

Phone Number

Dentist's Name:

Phone Number

- 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: _____