

KEHILATH ISRAEL FRED DEVINKI RELIGIOUS SCHOOL REGISTRATION FORM 2023-2024

(PLEASE PRINT)

STUDENT INFORMATION

Last Name _____ First _____ Middle _____

M _____ F _____

Hebrew Name _____

Birth Date _____

K.I. FRED DEVINKI RELIGIOUS SCHOOL

Sunday and Wednesday _____ (3rd grade and up)

Sunday only _____

Incoming Public/Private School Grade _____

School Name _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1 _____ Parent/Guardian 2 _____

Home Address _____ Home Address _____

Phone (h) _____ Phone (w) _____ Phone (h) _____ Phone (w) _____

Cell _____ Cell _____

Email _____ Email _____

I am interested in carpooling to/from Religious School. Please have someone contact me Yes _____ No _____

PHOTOGRAPHY RELEASE: I hereby give consent for photographs, film, video or sound recordings to be taken of anyone in my family at Kehilath Israel Synagogue or at a **school** sponsored activity during the 2023-2024 academic year. We further consent that such photographs/recordings may be used in **Kehilath Israel Synagogue** publications, promotional materials, news releases, film, video, websites or sound production as directed and approved by **Kehilath Israel Synagogue**.

Parent/Guardian 1 Name _____ Parent/Guardian 2 Name _____

Signature (1) _____ Signature (2) _____

Date _____

Date _____

INDIVIDUAL STUDENT LEARNING and MEDICAL FORM

This form will remain confidential.

Information is used to provide the best learning environment for your child and to provide the proper care in an emergency situation.

LastName _____ FirstName _____ MiddleName _____

Birth Date _____ Time of Birth _____

Parent(s)/Guardian(s) with whom child resides _____

LEARNING INFORMATION

We are excited to have a professional educational consultant provided by the Jewish Federation's Sasone program who will be assisting us in helping students who need an Individualized Educational Program, so this information is essential in helping us help your child.

What are your child's learning strengths?

What are your child's learning needs?

Does your child have an Individual Education Program (IEP), a 504 Plan, or International Language Program, or is he/she receiving any individualized attention at school?

No _____ Yes _____ Explain? _____

Are you willing to share the information with the **K.I. FRED DEVINKI** Religious School Director?

No _____ Yes _____

I would like to talk with: Teacher _____ Director _____

Is there anything else we should know about your child to be able to help him/her excel in the classroom?

MEDICAL INFORMATION

Last Name _____ First Name _____ Middle _____

Birth Date _____

What allergies (including food) does your child have? _____

Is your child presently taking medication on a continuing basis? ____ If yes, name and dosage of medication _

Prescribed for what condition _____

Parents: Please be aware that we DO NOT administer to students any medications of any kind at **K.I. FRED DEVINKI RELIGIOUS SCHOOL.**

Are there any family arrangements which we should be aware of in case of emergency? _____

Since minors may not, as a rule, be administered an anesthetic or have surgery performed on them without the consent of a parent or guardian, we are requesting that parents or guardians sign the following statement. In the event we have difficulty reaching the parent or guardian the signed statement will prevent a dangerous delay in case an emergency arises whereby hospitalization and/or surgery may be required.

In the event of illness or injury to our son/daughter/ward _____, we hereby authorize the staff of Kehilath Israel Synagogue to obtain the services of a licensed practitioner and, where required, to give consent for each treatment as may be necessary to the same extent and with the same effect as though we had given it ourselves.

Doctor's Name _____ Phone _____

Health Insurance Information (necessary for any treatment)

Company's Name _____ ID # _____

Group # _____

Insured's Full Name _____

Parent/Guardian Signature _____ Date _____

K.I. FRED DEVINKI RELIGIOUS SCHOOL EMERGENCY AUTHORIZATION FORM

Emergency authorization in the event you are unable to be reached

Name _____

Relationship _____

Phone _____ Cell _____

I have read and completed the above information to the best of my knowledge.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____

Date _____

K.I. FRED DEVINKI RELIGIOUS SCHOOL PARENTS' ASSOCIATION FORM

In an effort to keep costs down and maintain the quality of our educational programs, we rely on every parent/guardian to make the commitment to participate in at least one of our many volunteer opportunities. It is important that we, as role models for our children, involve ourselves in their Jewish Education. From time to time, we will call upon you to volunteer in **Kehilath Israel** activities. The school staff and your child(ren) look forward to your participation.

WHAT SKILLS AND TALENTS ARE YOU WILLING TO SHARE WITH OUR SYNAGOGUE?

Thank You!