



Oceanside Jewish Center Religious School Information Form 2010/2011

| <u>Students Information:</u> | <u>1st Child</u> | <u>2nd Child</u> | <u>3rd Child</u> |
|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Last Name: | _____ | _____ | _____ |
| First Name: | _____ | _____ | _____ |
| Hebrew Name: | _____ | _____ | _____ |
| Date of Birth: | _____ | _____ | _____ |
| Current Grade: | _____ | _____ | _____ |
| Street Address: | _____ | Town: _____ | Zip: _____ |
| Home Phone: | _____ | | |
| PUBLIC SCHOOL: | _____ | | |

Parent Information:

| | | | | | |
|------------------|-------|-------------|-------|-------------|-------|
| Parent #1 Name: | _____ | Cell Phone: | _____ | Work Phone: | _____ |
| Parent #1 Email: | _____ | | | | |
| Parent #2 Name: | _____ | Cell Phone: | _____ | Work Phone: | _____ |
| Parent #2 Email: | _____ | | | | |

Please turn form over for more information

UNITED SYNAGOGUE OF CONSERVATIVE JUDIASM – SCHOOL OF EXCELLENCE

MEDICAL:

ALLERGIES OR MEDICAL CONDITION: _____

IF THERE IS N EMERGENCY INVOLVING MY CHILD PLEASE CALL:

Name: _____ Home Phone: _____ Cell Phone: _____

IN A MEDICAL EMERGENCY:

In case of an emergency and we are unable to reach you, may we have permission to take your child (ren) to the hospital for treatment? Yes No

If yes, please read and sign below.

I, the undersigned, as parent or legal guardian of the above mentioned minor child(ren) do hereby permit the hospital and its physicians to perform on my child(ren) any procedure of treatment as may be necessary in an emergency situation.

Date: _____ Signature: _____

Please describe any support services your child receives: _____

Please describe your child's learning strengths and weaknesses: _____

Special Note:

I would like to discuss additional information in person. Yes No

