

Rabbi Gerson South Area Religious School



Registration Form (2015-2016)

Student's Name _____

Public School Grade (as of 9/2015) _____ DOB _____

Parent 1 Name _____

Parent 2 Name _____

Address _____

Phone# _____ Cell # _____ Cell # _____

E-Mail Address _____

Please list other children living at home:

Name: _____ D.O.B. _____ Gr. _____

Name: _____ D.O.B. _____ Gr. _____

Two Responsible Adults to care for your son/daughter if necessary:

Name: _____ Phone# _____

Name: _____ Phone# _____

Pediatrician: _____ Phone# _____

Orthodontist: _____ Phone# _____

It is essential for us to have the following information in order to serve your child properly. This information is held in the strictest confidence and is for office use only.

Physical Disabilities (i.e. **allergies**, asthma, epilepsy, glasses, heart, hearing problems, etc.)

Learning Disabilities and emotional problems: (**specify if child is served by Chapter 766**)

(Please sign agreement on back)

Please check one of the following:

_____ *I allow my child to be photographed.*

_____ *I do not want my child to be photographed.*

This is an application for registration of my child. It is our understanding that this is merely an application, and registration is not completed until the Financial Secretary of Ahavath Torah Congregation has certified that all financial requirements of the Congregation have been satisfied.

I hereby authorize Ahavath Torah Congregation to call my pediatrician if I cannot be reached and such a call is a necessity. If the pediatrician cannot be reached, I authorize you to call another physician.

SIGNATURE OF PARENT OR GUARDIAN

DATE