

# Rabbi Gerson South Area Religious School



## Registration Form (2017-2018)



Student's Name \_\_\_\_\_  
LAST FIRST MI HEBREW NAME Student's Email

Public School Grade (as of 9/2017) \_\_\_\_\_ DOB \_\_\_\_\_

Parent 1 Name \_\_\_\_\_  
LAST FIRST MI HEBREW NAME

Parent 2 Name \_\_\_\_\_  
LAST FIRST MI HEBREW NAME

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell # \_\_\_\_\_ Cell # \_\_\_\_\_  
HOME PARENT 1 PARENT 2

E-Mail Address \_\_\_\_\_  
PARENT 1 PARENT 2

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.)

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

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(Please sign agreement on back)

Please check all that apply:

\_\_\_\_\_ I allow photographs of my child to appear on the synagogue website [www.atorah.org](http://www.atorah.org).

\_\_\_\_\_ I allow photographs of my child to appear on the Ahavath Torah Congregation Facebook page.

\_\_\_\_\_ I allow photographs of my child to appear on the Rabbi Gerson South Area Religious School Facebook page.

\_\_\_\_\_ I allow photographs of my child to appear in advertisements for Ahavath Torah Congregation.

*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.*

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SIGNATURE OF PARENT OR GUARDIAN

DATE