



Rabbi Henry Gerson Religious School
Ahavath Torah Congregation
1179 Central Street, Stoughton, MA 02072
781-344-8755

Registration Form (2010-2011)

Student's Name _____
LAST FIRST MI HEBREW NAME

Public School Name _____
GRADE AS OF SEP 2010

Father's/Guardian Name _____
LAST FIRST MI HEBREW NAME

Address _____

Home Phone# _____ Cell # _____ Work# _____

E-Mail Address _____

Mother's/Guardian Name _____
LAST FIRST MI HEBREW NAME

Address _____

Home Phone# _____ Cell # _____ Work# _____

E-Mail Address _____

Please list other children living at home:

Name: _____ D.O.B. _____ Grade _____

Name: _____ D.O.B. _____ Grade _____

Name: _____ D.O.B. _____ Grade _____

Emergency Contacts:

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.

Confidentiality is strictly adhered to.

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). If your child has an IEP, please submit to the school office.

(please read and sign agreement on back)

This is an application for registration of my child. It is my 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

I hereby give my permission for photos of my child to be taken as school-related events. I understand that these photos may be posted on the synagogue website, in the bulletin, or sent to newspapers for publicity purposes.

SIGNATURE OF PARENT OR GUARDIAN

DATE