



Please use one form for each Hebrew School Student
 YESOD Post-B'nai Mitzvah Program - Ahavath Torah Congregation
 1179 Central Street, Stoughton, MA 02072
 781-344-8755

Registration Form (2008-2009)

Student's Name _____
LAST FIRST MI HEBREW NAME

Public School Grade (as of 9/2008) _____ DOB _____

Father's Name _____
LAST FIRST MI HEBREW NAME

Mother's Name _____
LAST FIRST MI HEBREW NAME

Address _____

Phone# _____ Cell # _____ Cell # _____
HOME MOTHER FATHER

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)

*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

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

To Be Signed By Student:

I am voluntarily choosing to attend the YESOD Post B'nai Mitzvah Program. This program requires attendance on all Sundays in which there are religious school classes from 9 am until noon. The program includes morning minyan, classes, and participation in other programs taking place in the synagogue. I agree to participate in all aspects of the program and to take an active part in class discussions. I understand that any classes that I miss may require make-up work to be completed before the next class. It will be my responsibility to get these assignments.

*I understand that failure to actively participate in all portions of this program or to behave in a disruptive manner may result in no credit for the program and/or being asked to leave the program before the end of the year **with no refund**.*

I have read and fully understand the above and look forward to being a contributing student in the YESOD Program.

SIGNATURE OF STUDENT

DATE