

# Congregation Beth David

## Registration and Emergency Information Form

### 2024-25 ~ 5785

*Please be sure to save form before emailing it as an attachment  
to Monica Hernandez at [hernandez@beth-david.org](mailto:hernandez@beth-david.org)*

- Religious School - Jewish Youth Education Program - Sundays & Wednesdays, JK-7th
- Teen Program – Jewish Education for Teens /Madrikhim, 8<sup>th</sup> – 12<sup>th</sup>

Mother/Guardian 1 Information	Father/Guardian 2 Information
Name	Name
Street Address	Street Address
City	City
State                      Zip	State                      Zip
Primary Phone	Primary Phone
Secondary Phone	Secondary Phone
Email Address	Email Address

**If Parent/Guardian addresses are different:**

Where should information be sent:

- Mother/Guardian 1    Father/Guardian 2    Both

Who is the primary custodian?

- Mother/Guardian 1    Father/Guardian 2    Joint

Student 1	Student 2	Student 3
Name	Name	Name
Hebrew Name	Hebrew Name	Hebrew Name
Birthday	Birthday	Birthday
Academic Grade	Academic Grade	Academic Grade
School	School	School
R.S/H.S. Grade if different from above	R.S/H.S. Grade if different from above	R.S/H.S. Grade if different from above



## Confidential Student Information

Student last name: \_\_\_\_\_

Please check if any of the following applies to your child(ren). If you check any of these, please elaborate below so we can give your student a safe and supported experience.

Student 1 _____	Student 2 _____	Student 3 _____
<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other
Explain Student 1		
Explain Student 2		
Explain Student 3		

**Please be sure to fill out pages 1 & 3**



## EMERGENCY RELEASE (Non-Parent) EMERGENCY INFORMATION

If you cannot be reached in case of emergency, and your child needs immediate medical attention and the parent(s)/guardian(s) cannot be reached, we will refer to these two Non-Parent alternatives. **Please verify that they have ready means of transportation and give them emergency information (i.e., hospital, doctor, dentist).**

Name:	Relationship:	Home #	Cell #
Name:	Relationship:	Home #	Cell #

If injury is serious and the parent cannot be contacted, do you wish your personal physician contacted?

Yes  No

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

I/we understand in case of an emergency every attempt will be made to notify me/us or our emergency contact persons (including physician and dentist). However, if every attempt to contact these persons fail, I/we agree to the following: *In case of emergency, I/we hereby give permission to the principal of Congregation Beth David's education program or another representative to authorize the administration of health care services to my child(ren) by a physician or other professional health care provider (hospital, paramedic, nurse etc.). I understand that Congregation Beth David assumes no responsibility for the payment, adequacy or quality of service rendered by the physician or other health care providers selected in such an emergency.*

\_\_\_\_\_  
Parent's/Guardian's Name (please print)      Parent's/ Guardian's Signature      Date

**Please be sure to fill out pages 1 & 2**

