



# Hebrew School Registration – 5778 (2017-2018)

Brattleboro Area Jewish Community ~ Congregation Shir Heharim

Name of parent(s) or guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email(s): \_\_\_\_\_

If you want additional contact at a second address, please supply information here:

\_\_\_\_\_

If parent or guardian cannot be reached in an emergency, what physician or person should we contact, and at what phone number?

\_\_\_\_\_

In the event that my child becomes ill or is injured, I hereby authorize emergency medical care and the contact of the above-named physician on my behalf.

Signature of parent/guardian: \_\_\_\_\_

I hereby authorize use of photos on BAJC's Facebook page, newsletter, or weekly message of my child when involved in school or synagogue activities. (No names will be used on electronic media).

Signature of parent/guardian: \_\_\_\_\_

## Student Information:

**Name of student #1:** \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_\_ Age in September 2017: \_\_\_\_\_

Name and grade of "regular" school: \_\_\_\_\_

**Name of student #2:** \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_\_ Age in September 2017: \_\_\_\_\_

Name and grade of "regular" school: \_\_\_\_\_

PLEASE let us know about any special needs a child may have. You can include that information on the back of this registration form and, in addition, talk to Faith or Kate about the situation.