



Yachad Jewish Community School of Pensacola
Student Registration Form 2011-12 /5771-72

AFFILIATION (CHECK ONE): B'NAI ISRAEL SYNAGOGUE TEMPLE BETH EL
 UNAFFILIATED

STUDENT NAME _____

STUDENT HEBREW NAME _____

DATE OF BIRTH _____ **SECULAR GRADE (FALL - 2011)** _____

MOTHER'S NAME _____ **FATHER'S NAME** _____

HOME PHONE _____ **CELL PHONE (for emergency)** _____

ADDRESS _____

EMAIL ADDRESS 1 _____

EMAIL ADDRESS 2 (OPTIONAL) _____

Do you have custody concerns? Yes **No**
Is there anything we should know about this?

Are multiple mailings desired? Yes **No**

ADDITIONAL PARENT/CAREGIVER INFO *(If there is another parent/caregiver who would desire updates, please fill out this section. If not, please skip this section.)*

NAME _____ **HOME PHONE** _____

ADDRESS _____

MEDICAL INFORMATION

2011-12 Field Trip Permission Slip

My child _____ has my permission to go with his/her class on any supervised field trips during religion school hours. I understand that children will be transported in cars by licensed adult drivers or will walk accompanied by teachers.

Parent Signature _____ Date _____

MEDIA RELEASE FORM

I hereby authorize YJCS staff permission to release and/or reproduce my and/or my child's picture, testimonial, and/or likeness, artwork, creative writing, audio or video talent on television, radio or in printed materials for promotional purposes only without any remuneration from or repercussion to YJCS.

This release is valid up to one year from the date of the subject/parent/guardian signature affixed hereto.

This release may be terminated at any time upon written notice given to YJCS by the subject or the subject's parent/guardian if the subject is a minor child.

Please Print Child's Name (if applicable):

Please Print Subject's Name or Parent/Guardian's Name if Subject is a Minor Child

Address: _____

City: _____ State: _____ Zip: _____

Subject/Parent/Guardian Signature Date

YJCS Staff Signature Date

Does your child have any health problems you feel the school or emergency personnel should be made aware of? If yes, explain

Are there any medications or medical supplies that we should store for your child in the school just in case? Y N

If yes, which medications? Please list medication and/or supplies and the situations in which they should be used. (These should be hand-delivered to the school. Please make sure everything is clearly labeled with your name, your telephone number, and your child's name.)

If your child has allergies, or has had an allergic reaction, please fill out the following. If it is severe, please provide the school with the appropriate forms and medications.

Allergic to:

Child's usual reaction:

Action to be taken:

MEDICAL RELEASE

In case of injury or illness of a child at school, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian:

If injury or illness is minor, does YJCS have your permission to give first aid? Yes ___ No ___

If injury is serious and parent cannot be contacted, do you want your personal physician or dentist contacted? Yes ___ No ___

Physician's Name _____ Physician's Phone _____

Dentist's Name _____ Dentist Phone _____

Medical Insurance Company _____ Policy # _____

Please give us the name and number of someone we can contact in the event that we can't reach you:

Name _____ Home Phone _____ Cell Phone _____

In the event of a medical emergency, I authorize the staff of YJCS to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my physician.

Parent Signature _____ Date _____

STUDENT NAME _____

INDIVIDUAL CHILD'S NEEDS

Every child is important here at YJCS, and it is important that we do our best to know and accommodate the needs of each child. Please help us meet your child's needs by answering the following questions as complete as possible. Be assured that this information will be kept confidential. If you would prefer to discuss any of this information privately, please contact Wendi Ochs or Melissa Sontag.

General Information about your child:

- 1. What can we do to make your child's educational experience at YJCS the best it can be?**
- 2. What should we know about communicating well with your child?**
- 3. What has helped teachers teach your child well in the past?**
- 4. What might your child want us to know about him her?**
- 5. Are there any topics your child might be sensitive to due to special circumstances or recent events? Examples include intermarriage, separation or divorce, death of a loved one. Please provide any information about this topic that your child's teacher or the Education Directors should know.**
- 6. Does your child have any learning challenges or disabilities that their teacher should know about? If so, do you have any tips about what their teacher can do to best meet their needs?**