MIROCHNICK RELIGIOUS SCHOOL
2018 - 2019 REGISTRATION FORM GRADES KGN – 5TH

ALL OF THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY

Family (Last) Name:__________________________ **Home Phone:** ____________________________________

Student's First Name: ______________________ **Student's Last Name:** ____________________________

Date of Birth (MM/DD/YY): ___________________________ Male ☐ Female ☐

☐ New Student ☐ Returning Student ☐ B'nai Torah Employee **check all that apply**

Street Address: ____ Mom Cell #: _______________________

City & Zip Code: ____ Dad Cell #: _______________________

Parent's Name (s):

____________________________________ Occupation: ______________ Work#: _______________________

____________________________________ Occupation: ______________ Work#: _______________________

Mom's E-mail: __________________________ Dad's E-mail: ______________________________________

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

With whom does your child live? ____________________________________

Student's Hebrew Name: __________________ Name of Secular School: ___________________________

We would like to move towards text messaging as a means of communication to our Mirochnick Religious School families.
I do ____________/ do not __________________give permission for text messaging.
If the above is not checked permission will be implied.

Tuition for Grades K thru 5: Tuition Includes Membership to Youth Group (Chalutzim/Bonim)

Grade in 9/1/2018	Regular Tuition	Tuition Discount if paid in full by July 3rd	Sibling Discount 1 per family
K & 1	$750	$36	$36
2 thru 5	$980	$36	$36

The Mirochnick Religious School at B'nai Torah Congregation may photograph or video tape my child(ren) during school hours and post pictures (with/without names) in synagogue and local newsletter communications, either print or on the internet.
I do ____________/ do not __________________give permission for my child.
If the above is not checked permission will be implied. **(Please turn over)**

MEDICAL INFORMATION AND RELEASE FORM

Understanding your child's medical, physical, or psychological needs will help our staff secure your child's safety, well-being, and productivity in the classroom. Please indicate the applicable conditions below, and elaborate as needed:

Student's Name: ______________________________Grade: ____________________________

Please list current medication with dosage your child is taking:

	Medical Concern	Medication Dosage		Medical Concern	Medication Dosage
☐	IEP		☐	ADD/ADHD	
☐	Asthma		☐	Learning Disabled	
☐	Perceptual Problems		☐	Diabetes	
☐	Epilepsy		☐	Hearing Loss	
☐	Visual Problems		☐	Speech Problems	
☐	Emotional Disturbances		☐	Allergies	
☐	Other (Please Specify):		☐	Other (Please Specify):	

Is there any other information you would like to share with us to help us provide your child with the most rewarding educational experience. (Please Print)

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*****In the event of an emergency, surgical or otherwise, if I cannot be reached I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of B'nai Torah Congregation to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child.**

Signature: ______________________________ Date (MM/DD/YY): __________________

Name (Please Print): ____________________________________

EMERGENCY CONTACT INFORMATION (other than parents**):**

NAME (Please Print**):** ___________________________________ **PHONE #:** ____________________

RELATIONSHIP (Please Print**):** __________________________

NAME OF CHILD'S PHYSICIAN (emergency only**):** ____

TELEPHONE NUMBER OF CHILD'S PHYSICIAN (emergency only**):** ____________________________

INSURANCE CARRIER NAME (Please Print**):** ____

INSURANCE POLICY #: ______________________________

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