

**Congregation B'nai Tikvah-Beth Israel  
Hebrew School Data Form 2010- 2011**

Mail all forms and checks to:  
Debbi Ret, PO Box 313, Landisville, NJ 08326

**Note: Students will not be admitted to Hebrew School until both this form and the Financial form are submitted!**

Child's Name	M/F	Birth Date	Hebrew Name	Hebrew Birth Date	Public School Grade	Hebrew School Grade
<b>Parent/Guardian Info</b>						
Parent 1 Name:		Home Phone:		Cell Phone:		
Address:						
Employer:				Work Phone:		
Parent 2 Name:		Home Phone:		Cell Phone:		
Address:						
Employer:				Work Phone:		
<b>Emergency Contacts:</b>						
Name: _____ Phone: _____ Relationship: _____				<b>In the event of a medical emergency, I hereby authorize Congregation B'nai Tikvah-Beth Israel Religious School to seek emergency medical care for my child/children.</b>  <i>(Parent's Signature)</i> _____		
Name: _____ Phone: _____ Relationship: _____						
Physician: _____ Phone: _____						
<b>Are there any issues of which the school should be aware? Please know that we will handle this information with discretion and sensitivity.</b>						
<b>Health Issues:</b> Severe allergies (e.g., food, bee stings), hearing or visual difficulties, chronic illness, etc. Child: _____ Issue: _____ Child: _____ Issue: _____				<b>Do any of your children take behavior-affecting medication for public school?</b> <b>If so, will that medication be in effect during Hebrew school?</b>		
<b>Learning Issues:</b> in reading, writing, comprehension, organization, speech/language, etc. Child: _____ Issue: _____ Child: _____ Issue: _____				<b>Do any of your children have an IEP from his/her school?</b>		

**Use the back of the form to give any other information that might help our staff best serve your children's learning needs.**