

**Congregation B'nai Tikvah-Beth Israel
Hebrew School Data Form 2011- 2012**

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
Parent/Guardian Info						
Parent 1 Name:		Home Phone:		Cell Phone:		
Address:						
Employer:				Work Phone:		
Parent 2 Name:		Home Phone:		Cell Phone:		
Address:						
Employer:				Work Phone:		
Emergency Contacts:						
Name: _____ Phone: _____ Relationship: _____				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. <i>(Parent's Signature)</i> _____		
Name: _____ Phone: _____ Relationship: _____						
Physician: _____ Phone: _____						
Are there any issues of which the school should be aware? Please know that we will handle this information with discretion and sensitivity.						
Health Issues: Severe allergies (e.g., food, bee stings), hearing or visual difficulties, chronic illness, etc. Child: _____ Issue: _____ Child: _____ Issue: _____				Do any of your children take behavior-affecting medication for public school? If so, will that medication be in effect during Hebrew school?		
Learning Issues: in reading, writing, comprehension, organization, speech/language, etc. Child: _____ Issue: _____ Child: _____ Issue: _____				Do any of your children have an IEP from his/her school?		

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