

Please complete form in its entirety.



**Congregation B'nai Tikvah-Beth Israel Hebrew School Form 2016-2017**

**Note: Students will not be admitted to Hebrew School until both this form and the Financial Form are completed and returned and the family has met with the Education Director.**

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**Student Information**

**Child 1:** Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F \_\_\_\_\_  
Birthday \_\_\_\_\_ Hebrew Birthday \_\_\_\_\_  
Public School District & Grade \_\_\_\_\_ Heb School Grade \_\_\_\_\_

**Child 2:** Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F \_\_\_\_\_  
Birthday \_\_\_\_\_ Hebrew Birthday \_\_\_\_\_  
Public School District & Grade \_\_\_\_\_ Heb School Grade \_\_\_\_\_

**Child 3:** Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_ M/F \_\_\_\_\_  
Birthday \_\_\_\_\_ Hebrew Birthday \_\_\_\_\_  
Public School District & Grade \_\_\_\_\_ Heb School Grade \_\_\_\_\_

Check if you do **not** consent to using pictures of your family at CBT-BI events for our publicity materials

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**Parent/Guardian Information**

**Parent 1:** Name \_\_\_\_\_  
Primary Phone (H or C): \_\_\_\_\_ Alternate Phone (H or C): \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent 2:** Name \_\_\_\_\_  
Primary Phone (H or C): \_\_\_\_\_ Alternate Phone (H or C): \_\_\_\_\_ email: \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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Check if you do **not** consent to having your contact information shared with Membership

**Grandparent Information**

**Maternal Grandparents:** Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Paternal Grandparents:** Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**In the event of a medical emergency, I hereby authorize Congregation B'nai Tikvah Beth Israel Hebrew School to seek emergency medical care for my child/children.**

**Parent/Guardian Signature** \_\_\_\_\_

**Are there any issues of which the school should be aware? Please know that we will handle this information with discretion and sensitivity.**

**Are there any restraining orders and/or people NOT allowed to pick up your child/children?** \_\_\_\_\_

**Health Issues:** Severe allergies (eg food or bee stings), hearing or visual difficulties, chronic illness, etc.

Child \_\_\_\_\_ Issue \_\_\_\_\_

Child \_\_\_\_\_ Issue \_\_\_\_\_

**Do any of your children take medication on a regular basis and/or behavior affecting medications for public school? If so, will that medication be used during Hebrew School?**

**Learning Issues (eg. reading, writing, comprehension, organization, speech/language, etc.)**

Child \_\_\_\_\_ Issue \_\_\_\_\_

Child \_\_\_\_\_ Issue \_\_\_\_\_

**Do any of your children have an IEP from his/her school?**

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

Please mail all forms and payment to: Steve Blocher, c/o CBTBI, PO Box 1013, Turnersville, NJ 08012