

**UNITED JEWISH CENTER
RELIGIOUS SCHOOL REGISTRATION 2009-2010**

THIS FORM MUST BE COMPLETED IN FULL, FOR EACH CHILD.

Name of Child _____ Boy _____ Girl _____
(Last) (First) (M.)

Child's Hebrew Name (if known) _____

Home Address _____
(Street Address) (City) (Zip)

Phone# _____ Date of Birth _____ Place of Birth _____

Secular School _____ Secular Grade, as of Sept. 2009 _____

Family E-mail Address _____ Religious School Grade, as of Sept. 2009 _____

Will your child become a Bar/Bat Mitzvah? ____ Yes ____ No ____ Maybe
Please indicate expected Bar/Bat Mitzvah date _____

PARENT INFORMATION

Name of Parent
 Jewish
 Non-Jewish

Name of Parent
 Jewish
 Non-Jewish

Occupation

Occupation

Address

Address

Cell #/ Beeper#

Cell #/ Beeper#

Home Phone#

Home Phone#

Business #

Business #

If parents are divorced or separated, please complete the following:

Custodial Parent's Name, if applicable (please indicate if joint custody): _____

Do you wish all mailings regarding the child to go to both parents? Yes _____ No _____

If yes, please provide name and address of non-resident parent:

Name Home Phone Work Phone

Address City State Zip

UNITED JEWISH CENTER
CONFIDENTIAL
2009 - 2010

Name of Child _____
(Last) (First) (M.)

Grade _____

Please answer the following questions. Your honesty is crucial; any information you can give us regarding your child will help us to understand how he/she learns best. Although we see your child for only a few hours a week, we see 100% of him/her when they are here. Your input will help us meet their needs and is confidential. If you would prefer to speak to the Director of Education, Daryl Bain, feel free to call at least two weeks before school begins.

Please indicate here if this information may be released to your child's teacher: _____

Please describe any situations that could affect your child's attendance:

Describe any physical or learning problems that might affect the student's performance and/or participation in Religious School:

Please give any additional information about your child that helps our understanding of how to provide the best possible experience for him/her:

Does your child take any medications which may affect his/her behavior at Religious School?
Please comment.

If your child qualifies for special education services within their local school system, please list specific services given, such as directions read, special seating, reading assistance, testing modifications or need of a teacher aide.

What are your goals for your child's Jewish education here at The United Jewish Center?

**UNITED JEWISH CENTER
EMERGENCY INFORMATION**
This form must be completed in full for each child
MEDICAL AND CONSENT FORM
2009 - 2010

Name of Child _____ Grade _____
(Last) (First)

If parents cannot be reached in an emergency, please notify (list two names other than parents):

Name Relationship Phone#

Name Relationship Phone#

Physician's Name (In case of emergency) Phone#

Date of last tetanus _____

Allergies _____

Any additional medical information _____

FIELD TRIP RELEASE FORM

I, the parent/guardian of the minor child, _____ (child's name), being _____ (child's age) years of age, hereby give permission for the minor child to attend any field trip sponsored by United Jewish Center Religious School. I hereby do release and hold harmless the United Jewish Center and its trustees, agents, officers, servants, and employees against loss (including reasonable attorney's fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof which may be sustained by the minor or by me arising out of or in connection with the minor child's participation in this field trip, except such liability or claim of liability as may result from gross negligence on the part of The United Jewish Center.

If the minor child should suffer an injury or illness during the trip, I authorize the employees of The United Jewish Center to use their discretion to transport or to have the minor child transported to any medical facility and hereby give consent in my absence to have the minor child treated at any medical facility, and I take full responsibility for that action.

Signature of Parent(s) or Guardian **Date**

Signature of Parent(s) or Guardian **Date**

UNITED JEWISH CENTER
PARENT VOLUNTEER OPPORTUNITIES
2009 - 2010

Name of Child _____ Grade in Religious School _____

Address _____

Phone # and E-mail _____

Participation in the religious school is an essential part of your child(ren)'s Jewish education. You can make a real difference in the success of our school.

Name of parent volunteer _____

What months/dates are convenient for you? _____

As our school continues to grow, our Religious School Committee needs more help from parents. Please check (✓) below where you will be of help. Feel free to offer help in more than one area. Thank you.

_____ Room Parent- (2 per class needed) calls other parents in the class to arrange for food, assists at special events, etc. (average time: 2 hours per month)

_____ Arts & Crafts- offers creative ideas, suggestions, self, to the students to spark special projects (average time: as available)

_____ Teach Hebrew. If so, which level? _____

_____ Volunteer Hebrew tutors

_____ Teach Religious School. If so, which grade? _____

_____ Willing to be a substitute teacher

_____ Willing to help in the classroom

_____ Willing to help for the holidays

_____ Willing to help for Family Education days

_____ Parent Teacher Assistant (assist teachers with special projects)

_____ Bake for Oneg Shabbat or Kiddush

_____ Help organize field trips

_____ Assist as needed

Your assistance is greatly appreciated!!! Thank you in advance for participating in the education of our youth.

Please send the registration forms to: Laura Morris, Office Manager
The United Jewish Center
141 Deer Hill Avenue
Danbury, CT 06810