



**Does your child have any medical conditions or take any medication(s)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If “yes” please list and describe in the space provided below:**

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**RELIGIOUS SCHOOL DIRECTORY:**

Your participation in the Religious School Directory will provide regular communication with your child’s teacher(s). This information will ONLY be used for Religious School purposes.

- Yes, I would like to participate in the Religious School Directory
- No, I would not like to participate at this time.

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**STUDENT PHOTO RELEASE:**

During the school year special events and class activities at the CMI Religious School are illustrated on the internet, in the local newspapers and magazines. The CMI Religious School requires parental permission in order to use photos that include your child with any school publicity or classroom activities.

- Yes, I give Congregation Mishkan Israel Religious School permission to use photos of class or activity/special events that include my child for publication or curriculum purposes during the 2017-2018 school year.
- No, I would not like to participate at this time.

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I have reviewed this registration application and certify that all information is complete and valid.

\_\_\_\_\_  
**(Parent/ Guardian Signature)**

\_\_\_\_\_  
**(Date)**