

Siblings attending Religious School :

Last	First	Middle
Last	First	Middle
Last	First	Middle

Please Help Us Meet Your Child's Needs

In order to provide the best educational experience for your child, please let us know any social, emotional or physical issues that may be a factor in the classroom. Please include strengths, talents and interests as well as challenges. If your child has an Individualized Educational Program (IEP) please provide us with that information and/or contact Michelle Goldstein to discuss.

EMERGENCY CONTACTS: (when parents cannot be reached)*

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

* Reminder: Please notify these individuals that you are designating them as your child's emergency contact.

Authorized pick up: (when parents cannot pick up)*

Check if SAME AS ABOVE: _____

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

* Reminder: Please notify us of any additions or deletions in writing or by email at tepstein@cmihamden.org.

STUDENT MEDICAL

Student's Physician: _____

Phone Number: _____ **Address:** _____

Student's Dentist: _____

Phone Number: _____ **Address:** _____

Does student have any allergies or conditions that may require immediate or emergency care?

Yes _____ No _____

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

If there is an asthma or emergency care plan written out by your child’s physician, please provide us with a copy.

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:

RELIGIOUS SCHOOL DIRECTORY:

Your participation in the Religious School Directory will provide regular communication with your child’s teacher(s), assist room parents with coordinating and announcing school events as well as offer information for those interested in carpooling. 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.

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.

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

(Parent/ Guardian Signature)

(Date)