



**Chadash: Canton Hebrew Academy
Registration/ Emergency Form 2019-2020/5779-5780**

Child's Last name: _____ First Name: _____

Primary Address: _____ City: _____ Zip Code _____

Birth date: _____ Hebrew name: _____

School attending: _____ Grade: _____

Congregational Affiliation: Temple Israel Shaaray Torah Synagogue

Attending Hebrew School? Yes No

Parent one information: Name: _____

Address (if different from above): _____

Cell Phone: _____

Home Phone: _____

E-mail address: _____

Parent two information: Name: _____

Address (if different from above): _____

Cell Phone: _____

Home Phone: _____

E-Mail address _____

Emergency Contact (Please list 3):

Name & relationship to child: _____ Phone: _____

Name & relationship to child: _____ Phone: _____

Name & relationship to child: _____ Phone: _____

Learning Needs:

Does your child have an IEP or a 504 plan in place in their school? Yes No

Please describe any learning challenges your child may have:

Emergency Information:

Medical Alerts (allergies, etc.): _____

Medicines: _____

Physician Name: _____ Office Telephone: _____

Dentist Name: _____ Office Telephone: _____

Insurance Company: _____ Policy #: _____ Group#: _____

Treatment Consent:

In the event that reasonable attempts to contact the parent(s)/guardian(s) at the above mentioned telephone numbers have been unsuccessful, I/we hereby give my/our consent for any treatment deemed necessary by the above physician or dentist.

I give permission to Chadash and its employees, in an emergency, to obtain services for my child named above from (preferred facility) _____ or the nearest medical facility available.

Please list any special skills, talents or hobbies you may be able to share with your child’s class or the Chadash community.

Additional comments or information you would like us to know about your child:

Photo and Video Release:

I understand that the events in which my child is participating may be photographed or video recorded by either amateur or professional photographers. The photographs taken may be used in print or electronic form on the internet for purposes of reporting on the event, promoting future events or for such other use as Chadash may determine. I have no objection to these pictures being used at any time for promotional use by Chadash. Yes No

Field Trip Permission Slip:

I give my son/daughter permission to attend Chadash field trips during the school year 2017-2018. I will assume responsibility for my child’s actions and will not hold Chadash, Temple Israel, or Shaaray Torah liable for loss of personal items or accidents that may occur during any of these events. I will allow my son/daughter to be treated by proper medical personnel should the need arise – at the discretion of the Chadash staff. Yes No

Signature of Parent/Guardian _____ Date _____