



5771 (2010-2011)

Religious School Registration

(Page 1 of 2)

Both sides of this form must be completed and signed before your child can attend Religious School.

If your child has special needs, you are encouraged to speak directly with the School Director or Vice-President of schools. Every effort will be made to accommodate you. Any request or information you impart will be held in the strictest confidence.

Parent Information			
_____ Last, First - Mother	_____ Address	_____ Phone	
_____ Last, First - Father	_____ Address	_____ Phone	
Student 1			
_____ Last Name	_____ First Name	_____ Middle Name	
_____ Address		_____ Phone	
_____ / _____ / _____ Date of Birth	_____ Grade	_____ Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Student 2			
_____ Last Name	_____ First Name	_____ Middle Name	
_____ Address		_____ Phone	
_____ / _____ / _____ Date of Birth	_____ Grade	_____ Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Student 3			
_____ Last Name	_____ First Name	_____ Middle Name	
_____ Address		_____ Phone	
_____ / _____ / _____ Date of Birth	_____ Grade	_____ Prior Hebrew or Religious School Location	
On Sunday, child lives with:			
Authorized to Pickup Child from School			
Name	Relationship	Home Phone	Other Phone
		()	()
		()	()
		()	()
		()	()
		()	()



5771 (2010-2011) Religious School Registration

(Page 2 of 2)

Both sides of this form must be completed and signed before your child can attend Religious School.

Medical Emergency Contacts (if Parents Cannot be Reached)			
Name	Relationship	Home Phone	Other Phone
		()	()
		()	()
		()	()

Health Coverage Information	
Physician Name _____	() Physician Phone _____
Child Name _____	Allergies _____
Child Name _____	Allergies _____
Health Insurance Company Name _____	Group or Employer Name _____
Subscriber Identification Number _____	Group Number _____

Emergency Medical Treatment Consent	
<p>I/We, the parent(s)/legal guardian(s) of _____, <div style="text-align: center;">(Print names of children)</div> minor(s), do hereby authorize Congregation B'nai Emet, its agents, employees, teachers, members, directors and officers to act as my/our agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act, whether such examination, diagnosis or treatment rendered at the office of said physician, dentist or at such a hospital. This authorization shall also include the right of my/our agent to commit any of our insurance or other funds that may be required to carry out such medical/dental treatment.</p> <p>It is understood that this authorization and consent is given in advance of any specific examination, repetitive diagnosis, treatment, or hospital care being required. It is given to provide authority and power regarding the above to my/our agent to give specific consent to any and all such examinations, diagnosis's, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment may deem advisable. This authority is given pursuant to the provisions of section 6910 of the California Family Code.</p> <p>A copy of this Emergency Medical Treatment Consent shall have the same force and effect as the original.</p> <p>IN WITNESS WHEREOF, I/We have executed this Emergency Medical Treatment Consent at _____, California, on _____, 201____.</p>	
_____ Parent or Legal Guardian	_____ Parent or Legal Guardian