

Pardes Registration Form 2010-2011

Please complete the front and back of this form and return to the Pardes office.

Student Information

Student's Name	Date of Birth	Age	Sex
Student's Hebrew Name	Name of Secular School		
Home Phone	Grade as of Sept. '10		
Address	Student E-mail		
City, ST ZIP Code			

Parent Information

Parent 1 Name	Parent 2 Name		
Parent 1 Address (if different)	Parent 2 Address (if different)		
City, State, Zip	City, State, Zip		
Parent 1 Home Phone	Parent 1 Cell Phone	Parent 2 Home Phone	Parent 2 Cell Phone
Parent 1 E-mail Address	Parent 2 E-mail Address		

Medical Information & Release

Please list any allergies or other health problems and provide any other information, which pertains to your child's health. Please also list any medications your child takes on a regular basis. (Please attach an additional sheet if necessary.)

Activity Restrictions _____

Allergies _____

Medication My Child Takes Regularly _____

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child: I understand that I, or an emergency contact and my physician, will be contacted immediately.

I also give permission for the educational director or other staff members to administer routine minor first aid (e.g. band-aids, ice packs, etc.) to my child.

Name of Physician: _____ Phone #: _____

Health Insurance Company: _____

Insurance Policy/Group #: _____ Insurance Phone: _____

If a parent cannot be reached please provide the name(s) and telephone number(s) of person(s) to contact in case of an emergency.

Name _____ Relationship _____ Home _____
Cell _____

Name _____ Relationship _____ Home _____
Cell _____

* If parents live apart, to whom shall we send mailings? Both parents Mother Father

* May we photograph and publish pictures of your child for synagogue PR purposes? Yes No

Information provided on this form will be kept on file from September 2010 through June 2012.

If there is a change in any of the above information I will notify the school office.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____