

**Congregation Beth David Hebrew School**  
**Registration Form 2021-2022**

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ School grade: \_\_\_\_\_

**2nd Child:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ School grade: \_\_\_\_\_

**3rd Child:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ School grade: \_\_\_\_\_

**PARENT INFORMATION**

Guardian 1 name: \_\_\_\_\_ Guardian 2 name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address (if different): \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PHOTOGRAPHS

I hereby grant permission for photographs and videos of my child (children) to be taken and used in temple publicity.

Signature of guardian: \_\_\_\_\_

## ABOUT YOUR CHILD

The following information is solely for the purpose of helping us better serve your child and keep your child safe during school. This information will be held in the strictest confidence and is for school use only.

Does your child have an IEP (Individualized Educational Plan) and/or other accommodations to help them be successful at school?

Yes. If so, please describe below.

No

Please detail accommodations and support that have been helpful at school (including allergies, asthma, and physical, developmental/cognitive, and emotional health needs (include a separate sheet if necessary).

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Please share anything else you would like us to know about your child (children). Thank you!

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