



Congregation Beth David
19700 Prospect Road Saratoga CA 95070 (408) 366-9101



Registration and Emergency Information Form
2019-2020 ~ 5780

- Religious School - Jewish Youth Education Program - Sundays & Wednesdays, JK-7th**
 Teen Program – Jewish Education for Teens /Madrikhim, 8th – 12th

Mother/Guardian 1 Information

Name _____
 Street Address _____
 City _____
 Zip Code _____
 Home Phone _____
 Cell _____
 Work Phone _____
 Email Address _____

Father/Guardian 2 Information

Name _____
 Street Address _____
 City _____
 Zip Code _____
 Home Phone _____
 Cell _____
 Work Phone _____
 Email Address _____

If Parent/Guardian addresses are different:

Where should information be sent:

- Mother/Guardian 1 Father/Guardian 2 Both

Who is the primary custodian?

- Mother/Guardian 1 Father/Guardian 2 Joint

Student 1

Name _____
 Hebrew Name _____
 Birthday _____
 Academic Grade _____
 School _____
 R.S./H.S. Grade if different from above:

Student 2

Name _____
 Hebrew Name _____
 Birthday _____
 Academic Grade _____
 School _____
 R.S./H.S. Grade if different from above:

Student 3

Name _____
 Hebrew Name _____
 Birthday _____
 Academic Grade _____
 School _____
 R.S./H.S. Grade if different from above:

Student last name: _____

CONFIDENTIAL STUDENT INFORMATION

Please check if your student has any of the following conditions which we should know about. If you check any of these, please elaborate below so we can give your student a safe and supported experience.

Student 1 _____	Student 2 _____	Student 3 _____
<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other	<input type="checkbox"/> Student is not vaccinated <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Takes OTC meds regularly <input type="checkbox"/> Takes prescription meds <input type="checkbox"/> Food/other allergies <input type="checkbox"/> Special needs/IEP/504/Other

EXPLAIN:

EMERGENCY RELEASE

(Non-Parent) EMERGENCY INFORMATION

If you cannot be reached in case of emergency, and your child needs immediate medical attention and the parent(s)/guardian(s) cannot be reached, we will refer to these two Non-Parent alternatives. ***Please verify that they have ready means of transportation and give them emergency information (i.e., hospital, doctor, dentist).***

Name:	Relationship:	Home #	Cell #
Name:	Relationship:	Home #	Cell #

If injury is serious and the parent cannot be contacted, do you wish your personal physician contacted?

Yes No

Name of physician _____ Phone _____

Address _____ City/State _____

Insurance Carrier _____ Policy # _____ Policy Holder _____

I/we understand in case of an emergency every attempt will be made to notify me/us or our emergency contact persons (including physician and dentist). However, if every attempt to contact these persons fail, I/we agree to the following:

In case of emergency, I/we hereby give permission to the principal of Congregation Beth David's education program or another representative to authorize the administration of health care services to my child(ren) by a physician or other professional health care provider (hospital, paramedic, nurse etc.). I understand that CBD assumes no responsibility for the payment, adequacy or quality of service rendered by the physician or other health care providers selected in such an emergency.

 Parent's/Guardian's Name (please print) Parent's/ Guardian Signature Date