

**CHICAGO SINAI CONGREGATION RELIGIOUS SCHOOL
REGISTRATION FORM 2007-08**

STUDENT'S NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

**E-MAIL ADDRESS WHERE YOU WOULD LIKE TO RECEIVE RELIGIOUS SCHOOL
INFORMATION:** _____

SECULAR SCHOOL: _____ **GRADE:** _____

MOTHER'S NAME: _____

MOTHER'S ADDRESS: _____

Daytime Phone

Evening Phone

FATHER'S NAME: _____

FATHER'S ADDRESS: _____

Daytime Phone

Evening Phone

If your child lives with one parent, does the non-custodial parent wish to receive school mailings?

YES _____ NO _____

PREVIOUS RELIGIOUS SCHOOL ATTENDANCE (if other than Sinai)

AT _____ YEARS OF ATTENDANCE _____
Name of School

FOR THE COMING YEAR

MY CHILD WILL ATTEND THE SINAI **MIDWEEK** RELIGIOUS SCHOOL _____
(Wednesdays 4:00 - 5:45PM Grades 3-8 ONLY)

MY CHILD WILL ATTEND THE SINAI **SUNDAY** RELIGIOUS SCHOOL _____
(Sundays 10:00 – 12:15PM Grade Kindergarten-8 only)

MY CHILD WILL ATTEND THE SINAI **CONFIRMATION CLASS** _____
(For 9th Grade Sunday 12:30 – 2:00. Please note that fee for Confirmation class is \$500.)

HELPFUL INFORMATION ABOUT YOUR CHILD

Information regarding your child will be helpful to us. This information is confidential and shared only with the teacher when the need arises.

1. Please check any of the following that might relate to your child.

- | | | | |
|----------------------------|-------|---------------------|-------|
| Adoption | _____ | Allergies | _____ |
| Attention Deficit Disorder | _____ | Custody Concerns | _____ |
| Divorce | _____ | Intermarriage | _____ |
| Learning Disability | _____ | Physical Limitation | _____ |
| Remarriage | _____ | Other | _____ |

Please elaborate on these items in the space below. _____

2. Please check any of the following special interests that may relate to your child.

- | | | | |
|--------------------|-------|---------|-------|
| Art | _____ | Dance | _____ |
| Computers | _____ | Drama | _____ |
| Instrumental Music | _____ | Reading | _____ |
| Singing | _____ | Other | _____ |

3. Do you have any special educational goals for your child, or any areas of study that you wish him/her to cover in the following year? _____

I give permission for the following information to be printed in the Religious School Directory:
(Please **check** all information that you **authorize**.)

____ Student's Name and Grade ____ Address ____ Parent's Name ____ Phone ____ None

*PLEASE ENCLOSE **\$325 materials fee per child (\$500 for Confirmation class)** with this registration or contact Heidi Kon at the Temple Office for fee reduction/waiver. Your request is strictly confidential.*

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

**Chicago Sinai Congregation Religious School
EMERGENCY FORM 2007-08**

Child's Name: _____ **Date of Birth:** _____

Address: _____ **Home Phone:** _____

Mother's Name: _____

Home Address: _____

Employer: _____

Work Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Father's Name: _____

Home Address: _____

Employer: _____

Work Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

NAMES OF PERSONS TO CONTACT IF PARENT CANNOT BE REACHED:

1. **Name:** _____ **Address:** _____

Phone: _____ **Relationship:** _____

2. **Name:** _____ **Address:** _____

Phone: _____ **Relationship:** _____

(CONTINUED ON SIDE 2)

DOCTOR: _____ **PHONE:** _____

ADDRESS: _____

PLEASE LIST ANY HEALTH CONDITIONS OR SPECIAL INSTRUCTIONS ABOUT WHICH WE SHOULD BE AWARE. (This information is confidential and will be shared only when the need arises.)

I give my permission for Chicago Sinai Congregation Religious School to get emergency treatment for my child _____, in the event that the parent, guardian, or physician cannot be reached. I will assume financial responsibility for treatment rendered at this time.

Signature of Parent or Guardian: _____ **Date:** _____

In addition, I understand that pictures of my child may be taken from time to time and may be used for publicity purposes. _____