

For official use only: Grade/Day: _____ Teacher: _____ Fee Received: _____ Chk. # _____
Date: _____ Cleared: _____

B'nai Shalom of Olney Kapiloff Religious School Registration 2010-2011 Form

Student's Name: _____
Last First Middle

Hebrew Name: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Secular School: _____ Grade (as of 9/10): _____

Student Email: _____

Parent One's Name: _____ Hebrew Name: _____

Address: _____
Street City State ZIP

Phone: _____
Home Daytime/Work Cell

E-Mail: _____

Second Parent Name: _____ Hebrew Name: _____

Address: _____
Street City State ZIP

Phone: _____
Home Daytime/Work Cell

E-Mail: _____

Join Youth Group for 2010-2011 (circle one):
USY (9th-12th) Kadima (6th-8th) Machar (3rd-5th) Bonim (K-2nd)

Please also attach a recent picture of your child on this card.

Emergency Action Authorization Form

Emergency Contact: _____ Relationship: _____

Who has permission to pick your child up from BSO?

Name Telephone #

Name Telephone #

Physician's Name _____ Telephone #: _____

Dentist's Name: _____ Telephone #: _____

Health Insurance Company _____ Policy #: _____

Allergies _____ Medications _____

I hereby authorize the supervisory person present to grant approval for and/or to administer first aid and/or to take my child to a physician or hospital for emergency treatment in the event it appears necessary. I hereby release the congregation and all of the people associated with this program from any and all liability whether joint or several for injury and/or damages arising out of or as a result of any child's participation in this program.

Parent/Guardian Signature Date

***Please keep in mind that all financial obligations accrued through June 30, 2010, MUST be paid in full in order to register to attend religious school in the fall.**

(All book and activity fees are non-refundable.)