



BETH EMETH CONGREGATION
13702 West Meeker Blvd
Sun City West

Student Registration

Student Name: _____

Hebrew Name: _____

Date of Birth: _____ B'nai Mitzvah Date: _____

Mother's Name: _____

Hebrew Name: _____

Home Address: _____

Telephone: _____

Email Address: _____

Father's Name: _____

Hebrew Name: _____

Home Address: _____

Telephone: _____

Email Address: _____

Student lives with: both parents Mother Father

Each, part time Other: _____

Send mail/email to: both parents Mother Father

Please check all that apply

Wears glasses/contact lenses

Speech problem

Comprehension problem

Hearing difficulty

Short attention span

Overly active

Easily upset

Other: Please Explain: _____

Please check if your child has any problems learning English which could affect their ability to learn Hebrew:

Dyslexia

Reads below grad level

Has difficulty copying from the board

Cannot reproduce on paper which is seen on board or in books

Other: Please Explain: _____

Are there any dietary requests, medical conditions, allergies or physical limitations that we should be aware of?

Who should be contacted in the event of an emergency?

- 1 _____
- 2 _____
- 3 _____
- 4 _____

I hereby give my permission, in the event of a minor injury, for my child to receive first aid if necessary. _____ (please initial)

I hereby give my permission, in the event of an emergency, for my child to receive medical assistance, and if necessary, hospitalization. _____ (please initial)

Physician: _____ Phone: _____
 Dentist: _____ Phone: _____
 Medical Insurance Company: _____
 Group ID: _____ Plan #: _____

I hereby give my permission to provide contact information to the teachers, staff and parents of the Beth Emeth Congregation. Please note, your personal information is kept in the strictest confidence. _____ (please initial)

I hereby give my permission to Beth Emeth Congregation to use photographs taken of myself, spouse or children for the purposes of publicizing or advertising Beth Emeth Congregation Events or the Religious School. _____ (please initial)