



**CONGREGATION B'NAI ISRAEL**  
**HEBREW SCHOOL REGISTRATION 2014 – 2015**

**Student #1** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2014 \_\_\_\_\_  
 Hebrew School Program: \_\_\_ Two-Day (Sun & Tue) \_\_\_ Pre-Aleph (Sunday Only)  
 \_\_\_ One-Day (Sun Only–Bar/Bat Mitzvah Training)

**Student #2** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if different than above)  
 Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2014 \_\_\_\_\_  
 Hebrew School Program: \_\_\_ Two-Day (Sun & Tue) \_\_\_ Pre-Aleph (Sunday Only)  
 \_\_\_ One-Day (Sun Only–Bar/Bat Mitzvah Training)

**Student #3** Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if different than above)  
 Date of Birth \_\_\_\_\_ Public School Grade as of Sept. 2014 \_\_\_\_\_  
 Hebrew School Program: \_\_\_ Two-Day (Sun & Tue) \_\_\_ Pre-Aleph (Sunday Only)  
 \_\_\_ One-Day (Sun Only–Bar/Bat Mitzvah Training)

**Parent's Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if different than above)  
 Email Address (REQUIRED): \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (if different than above)  
 Email Address (REQUIRED): \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Would you like to be included in the Hebrew School Telephone Directory Yes \_\_\_\_\_ No \_\_\_\_\_

Family Name \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

*I agree that photographs and video taken during the course of Hebrew School classes or any other CBI activities that contain images of my child(ren) or other family member, may be used for publicity by Congregation B'nai Israel, and may be included on the temple's website. Submitted photos of children never include the name(s) without parental consent.*

(Circle one): YES NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name Date

**ADDITIONAL INFORMATION**

Please inform us of anything that will help us provide your child with the best possible educational environment (i.e., learning disabilities, medication, divorce, allergies, etc.) Some items will be listed again on the Emergency Information Form in this packet.

Student's Name/Info: \_\_\_\_\_

Student's Name/Info: \_\_\_\_\_

Student's Name/Info: \_\_\_\_\_

# OF YEARS

STUDENT'S NAME PRIOR RELIGIOUS SCHOOL INFO ATTENDED

(Temple / JCC Name, City, and State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION:**

Please list the name and age of all children, who will not be enrolled in Hebrew School for the 2013-2014 school year who (1) will be enrolled in future years (this helps us plan ahead) or (2) are beyond Hebrew School age:

\_\_\_\_\_  
Name Date of birth Grade in Sept. 2014

\_\_\_\_\_  
Name Date of birth Grade in Sept. 2014

\_\_\_\_\_  
Name Date of birth Grade in Sept. 2014

**CBI HEBREW SCHOOL EMERGENCY INFORMATION FORM: 2014-2015**

EMERGENCY CONTACTS (If you request a particular person for a particular child, please note it below):

1. Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Cell: \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Cell: \_\_\_\_\_

3. Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Emergency Cell: \_\_\_\_\_

Does your child(ren) have your permission to go home with people listed above? (Circle one): YES NO

**MEDICAL INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Member # \_\_\_\_\_

Clearly indicate the name of the child for whom the information as to allergies, medications, or special circumstances applies.

**ALLERGIES:**

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Does your child(ren) have any medical condition(s) or issues that the CBI principal and teachers should be made aware of?  
YES NO

If YES please specify. Remember to identify the particular child(ren) by name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication(s) your child(ren) needs to take during CBI Hebrew school hours. Remember to identify the particular child(ren) by name:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If emergency medical treatment is required, I authorize CBI's employees to use their judgment in sending my child(ren) to the hospital or doctor. I understand that CBI will make efforts to notify me when such a situation occurs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

Family Name \_\_\_\_\_

## TEMPLE DIRECTORY 2014-2015

Periodically, the temple prepares a directory of its membership. It is never shared with anyone outside of the temple. Absent indication the contrary, your name, address, and phone number will be included. If you only wish particular items be included, please indicate them below:

Name  Address  Phone

I do not wish to have my contact information included in a temple directory

### TEMPLE INVOLVEMENT OPPORTUNITIES: 2014-2015

The Hebrew school of Congregation B'nai Israel strongly encourages parents to be active in synagogue life. Your participation in the synagogue will help to teach your child the importance of being Jewish. We ask you to volunteer to assist in at least one area. Please check area(s) below in which you wish to volunteer. SUGGESTIONS ARE WELCOME!!

Class Parent (Assist in phone chain to contact families concerning emergency closings, class service reminders, etc.)

Purim Carnival (Assist in preparing, set-up, running and dismantling of CBI's annual Purim Carnival – Feb./March.)

School Fundraisers (Assist in distribution and processing of fundraiser information – Fall &/or Spring.)

Class Oneg, Kiddush and/or Shabbat Dinner (Assist in set-up and clean-up for your child's class religious service on Friday night or Saturday morning or assist with the Shabbat dinner the night of the class religious service on Friday night.)

Casual Shabbat Dinner (Assist in set-up and clean-up for casual Shabbat Dinner and Oneg. You will be contacted to see which casual Shabbat you are available to assist with.)

Family Shabbat (Assist in the Family Shabbat service, Saturday mornings. You will be contacted to see which Family Shabbat you are available to assist with.)

I would like to become more active in the synagogue. Please contact me with information about other synagogue activities, such as Social Action Committee, Good and Welfare, etc.

Tutor (Help by working one-on-one with students in areas of elementary Hebrew reading and singing prayers. Hebrew School graduates are also welcome to tutor.) Please list names of family members available to tutor:

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Suggestions – For Hebrew School, Fundraisers, etc.: