

Congregation Shaare Tfillle – Jewish Community Center of Saratoga Springs

SY 2021-2022 (5782) School Registration/Intake Form (One per student, please)

Part I – Student Information

Student Name: _____

Hebrew/Transliterated Name: _____

DOB: ___/___/___ Grade: _____ School: _____

Part II – Parent Information

Parent(s)/Guardian(s) Name(s): 1. _____ 2. _____

Cell Phone Numbers: 1. _____ 2. _____

Emails: 1. _____ 2. _____

Primary Home Address: _____

Part III – Emergency/Medical Information

Emergency Contact: _____ Cell Number: _____

Physician or Medical Provider: _____ Phone: _____

Emergency Medical Consent:

I, _____, undersigned, parent or guardian of the child named above, do hereby consent and authorize medical personnel to provide emergency medical treatment as needed, on the approval of Rabbi Marmon or staff of the Shaare Tfillle Hebrew School, in the event that the emergency contact and/or parent/guardian(s) listed above cannot be timely reached for such approval.

Signed: _____ Date: _____

Part III.a – Allergies.

My child is allergic to the following, with the following restrictions: (e.g. may not eat, may not touch...)

1. _____ :

2. _____ :

3. _____ :

Part III.b – Learning or Behavioral Challenges.

My child has an IEP in effect in their secular schooling – Yes ____ No ____.

If yes, please attach relevant portions and/or describe the student’s challenges and the approaches used to manage the issues in their secular school(s).

Please attach any comments about your child’s learning needs, behavior, or other medical/behavioral issues which may be helpful to providing them the safest and best learning environment.