



Date Received _____
Deposit Received _____

200 Taub Drive Deerfield, IL 60015
847.948.5340 www.moriahcong.org

Moriah Congregation Family School Registration Form 5781 / 2020-2021

Student Information

Student's Name _____

Date of Birth ____/____/____

Student's Hebrew Name _____

Grade in fall 2020 _____ Name of School _____

Class Registration

Gan (Kindergarten S) Hay (5th Grade S/T/Th)

Aleph (1st Grade S) Vav (6th Grade S/T/Th)

Bet (2nd Grade S/T) Zayin (7th Grade S/T/Th)

Gimmel (3rd Grade S/T/Th)

Daled (4th Grade S/T/Th) S=Sunday 9:00-11:30am
T=Tuesday 4:30-6:15pm
Th=Thursday 4:30-6:15pm

Previous Jewish Education

Name of School _____

Location _____ Dates _____

In Case of Emergency

In case of emergency, every effort will be made to contact the parents. In the event that neither parent is available, please contact the following individual. Please note that this person must be local.

Name _____

Relation to Student _____

Mobile/Phone Number _____

Buddy Request

Some of our classes have more than one section. Each student may request one buddy with whom to be placed. Please note that we will do our best to honor your request but cannot guarantee placement with a buddy.

Buddy: _____

Family Information

Please include names of parents with whom the child currently lives. If a non-member parent would like to receive mailings from the synagogue, please see the second section below.

Parent 1 Name _____

Parent 1 Hebrew Name _____

Parent 1: born to a Jewish mother ___ converted ___

Parent 2 Name _____

Parent 2 Hebrew Name _____

Parent 2: born to a Jewish mother ___ converted ___

Home Address _____

ZIP Code _____ Phone Number _____

Parent 1 Profession/Title _____

Business Phone Number _____

Mobile Phone Number _____

Email Address _____

Parent 2 Profession/Title _____

Business Phone Number _____

Mobile Phone Number _____

Email Address _____

Siblings

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

OVER, PLEASE!

Emergency Pick-up Authorization

In case of emergency, I authorize the following Family School families to take my child to their home to await pick-up by me.

Family #1 Name: _____

Family #2 Name: _____

Parent Signature _____

Pick-up Authorization

In order to protect the safety and well being of your child, we ask that you designate those individuals **other than parents** who are authorized to pick up your child.

Name _____

Relation to Student _____

Phone Number _____

Name _____

Relation to Student _____

Phone Number _____

Travel Home

Please choose one of the following options and sign below.

My child has permission to walk home from the Family School. I understand that my child will be dismissed at 11:30am on Sundays and 6:15 pm on Tuesday/Thursday from Moriah.

My child **does not** have permission to walk home from the Family School. He/She will always be picked up unless I otherwise notify the Family School.

Parent Signature _____

Health and Safety Information

Does your child take any medication on a regular basis?

Does your child suffer from any allergies (especially food allergies)? Please be specific.

Does your child wear glasses? _____

Is your child vaccinated? _____

I **do not** give permission for photographs of my child to be used in Moriah's publications and on the website.

Initials _____

Getting to Know Your Child

Tell us how your child likes to learn: please provide us with a description of your child's learning style, and any ways that we might support your child's learning.

Does your child have any special needs of which we should be aware? Please explain:

Student Photograph

Please attach a recent photograph of your child. A photograph will help your child's teacher to get to know your child before school begins. Thank you very much in advance.

Please attach a recent photograph of your child here.

