



## Chavaya Registration Form 2019-20

Student Name:		Age as of 9/1/19:	DOB:
Student Hebrew Name:		Grade Level for 2019-20:	
Parent 1 Name:		Cell Phone Number:	
Email:		Work Phone Number:	
Parent 2 Name:		Cell Phone Number:	
Email:		Work Phone Number:	
<b>MAILING ADDRESS</b>			
<i>Please indicate the mailing address where Chavaya correspondence should be mailed.</i>			
Home address:		City:	Zip Code:
Home Phone:			
Member of B'nai Israel: (circle yes or no)		YES / NO	
<b>EMERGENCY CONTACTS</b>			
<i>In case of emergency, please provide the names and contact information of individuals we should contact should parents not be accessible by phone.</i>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
<b>PERMISSION TO PICK UP</b>			
<i>Please indicate who, other than a parent, is permitted to pick up your child from Chavaya.</i>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	

**MEDICAL RELEASE**

Please list any pertinent information, allergies, medications, medical or dietary needs that should be known to staff:

**ADDITIONAL INFORMATION**

Please include any further information you would like to share about your child's learning likes and/or needs in the space below:

**PHOTO RELEASE**     *Please place your initial next to the appropriate box:*

- \_\_\_\_\_ My child **may** have his/her picture appear in Chavaya advertising/promotion needs and UNTAGGED on the school Facebook page.
- \_\_\_\_\_ My child **may NOT** have his/her picture appear in Chavaya advertising/promotion needs and UNTAGGED on the school Facebook page. **(Please note: if you check this tab it means we will not be taking your child's picture at any time during school.)**

<b>For Office Use Only</b>		
Date Received:    /    /	All Paperwork Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff Initials:
Tuition Entered: <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy to Director: <input type="checkbox"/> Yes <input type="checkbox"/> No