



Olney Kehila

PO Box 852 Olney, Maryland 20830-0852

Hebrew School Registration School Year 2009 - 2010

Student Information

Student's Name: (Last, First, Middle)

Birthdate: ____/____/____

Student's Hebrew Name: (First, Middle)

Home Phone: _____

Hebrew School Grade (as of Fall, 2009): _____ Secular School Grade (as of Fall, 2009): _____

Known Allergies: _____

Parent/Guardian Information

Mr. Mrs. Ms. Other title: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____ Other phone: _____

E-mail (s): _____

Mr. Mrs. Ms. Other title: _____

Name: _____

Address: _____

Home phone: _____ Cell phone: _____ Other phone: _____

E-mail (s): _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Physician's Name: _____ Telephone Number: _____

Dentist's Name: _____ Telephone Number: _____

I hereby authorize the supervisory person present to grant approval for and/or to administer first aid and/or to take my child to a physician or hospital for emergency treatment in the event it appears necessary. I hereby release Olney Kehila and all of the people associated with this program from any and all liability whether joint or several for injury and/or damages arising out of or as a result of any child's participation in this program.

Parent/Guardian Signature

Date

For office use only: Grade _____ Fee Received _____ Date _____