

CONGREGATION B'NAI JACOB
2011-12 RELIGIOUS SCHOOL FORM

Child's Full Name: _____ Male ___ Female ___ Birthdate _____

Hebrew Name: _____ As of September 1, 2011 Age: ___ Grade ___

Street Address _____

City _____ State _____ Zipcode _____ Home Phone Number _____

Parent/Guardian 1

First Name _____ Hebrew Name: _____

Last Name _____ Relationship to Student _____

Home Address _____

Contact Phone Number(s) _____ E-mail Address _____

Parent/Guardian 2

First Name _____ Hebrew Name: _____

Last Name _____ Relationship to Student _____

Home Address _____

Contact Phone Number(s) _____ E-mail Address _____

Child's Elementary/Middle School: _____ **School District** _____

Brothers and/or Sisters: (with Ages) _____

Previous Schooling: (When & Where) _____

Jewish Observance at Home: Shabbat ___ **Holidays** ___ **Keep Kosher** ___

Is there a condition that would require special attention at school? _____

Does your child have an IEP or other educational plan? _____

Is there information in that plan that should be shared with your child's religious school teacher? _____

Allergies: _____

If parent is not available, who should be called in an emergency? Name: _____ Phone: _____

Is there anything else you feel we should know about your child? _____

May we have permission to photograph and publish your child's picture? _____

Parent Signature: _____ Date: _____

Please mail, fax, e-mail or bring this form to:
Congregation B'nai Jacob
Starr & Manavon Sts.
Phoenixville, PA 19460
610-933-5550
610-933-8197 fax
cbjoffice@verizon.net