

**CONGREGATION B'NAI JACOB**  
**2023-2024 RELIGIOUS SCHOOL ENROLLMENT FORM**

Child's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Hebrew Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ (As of September 1, 2023 – Please indicate if religious school grade does not match regular school grade)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian 1** (Relationship: \_\_\_\_\_)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Can we text your cell number (Y / N)

Email Address: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Guardian 2** (Relationship: \_\_\_\_\_)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Number \_\_\_\_\_ Can we text your cell number (Y / N)

Email Address: \_\_\_\_\_

**If parent is not available, who should be called in an emergency?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Elementary/Middle School \_\_\_\_\_

School District \_\_\_\_\_

Brothers and/or Sisters (with ages) \_\_\_\_\_

Is there a condition that would require special attention at school? (e.g., allergies, medical conditions, academic programs) \_\_\_\_\_

Does your child have and IEP or other educational plan? \_\_\_\_\_

May we have permission to photograph and publish your child's picture? This includes on our Facebook Public Group Page (Y / N) Facebook Private Group Page (N / Y)

Are your child's immunizations up to date according to the guideline set by the American Academy of Pediatrics? (Y / N)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail, fax, email or bring form to:**

Congregation B'nai Jacob, 101 Manavon Street, Phoenixville, PA 19460

Office: 610-933-5550, Fax: 610-933-8197 Email: [admin@congbj.org](mailto:admin@congbj.org)