



**Congregation Beth Israel Judea  
YOUTH AND FAMILY PROGRAMS  
REGISTRATION AND EMERGENCY FORM  
2009-2010 / 5770**

**Required!**  
Attach a photo  
of your child  
here!

Congregation Beth Israel Judea • 415.586.8833 • www.bij.org  
• 625 Brotherhood Way • San Francisco, CA 94132 •

(Please Print Clearly)

**Student Information**

Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Email _____	Student Personal Phone _____		
Secular School _____	Grade in Secular School _____		
Hebrew Name _____	Grade in Youth and Family Programs _____		

**Parent/Guardian Information**

If parents live in separate households, student lives with:

Both Parents     Parent I only     Parent II only

If parents live in separate households, send mail to:

Both Parents     Parent I only     Parent II only

**Parent/Guardian I**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Occupation/Interests \_\_\_\_\_

**Parent/Guardian II**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day/Work Phone \_\_\_\_\_  
Evening Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_  
Parent Email \_\_\_\_\_  
Occupation/Interests \_\_\_\_\_

Sibling(s) name(s)/grade(s) \_\_\_\_\_

**Emergency Contacts** (one of the following people will be notified if no parent/guardian can be reached)

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

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

**Medical and Dental Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy #: \_\_\_\_\_

I do NOT want my child's name and/or picture included in congregational brochures, newsletters, website, and other promotional material.

↩ Additional Information & Signatures Required on Reverse Side ↪

– For office use only –  
Date stamp  
 Processed

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medical and Dental Information, continued**

Please indicate any and all specific medical and/or psychiatric conditions including asthma, allergies, depression, or dietary restrictions. All information is kept strictly confidential and will be given only to appropriate BIJ staff, the child’s teacher, and emergency personnel (if appropriate/necessary).

Is your child taking medication (including for emotional or psychological reasons)?  Yes  No

Medication name and dosage: \_\_\_\_\_

For what condition is medication being taken? \_\_\_\_\_

Does your child have or has s/he ever had any of the following?

Allergies  Yes  No

An anaphylactic reaction  Yes  No

Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes  Yes  No

Hyperactivity or Attention Deficit  Yes  No

Special dietary needs  Yes  No

Any significant life changes or disruptions about which we should be aware  Yes  No

**If you answered “yes” to any of the above questions, please describe:**

\_\_\_\_\_  
\_\_\_\_\_

The Educator and Office Staff have my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child.  Yes  No

**Additional Information**

We are committed to providing all children with the tools they need to succeed at their religious education and exploration, academically and socially. To assist us, please provide us with the following information (*additional pages may be attached*):

What is the most important thing that we should know about your child? \_\_\_\_\_

\_\_\_\_\_

What motivates your child? \_\_\_\_\_

\_\_\_\_\_

Can we make any special accommodations for your child to give him/her the most positive learning experience? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs that you would like to share with the religious school staff? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Opportunities – Please check off all appropriate boxes below**

**We need your help!** Parent participation is vital to the family life of our community. Each family is assigned one Sunday per year to assist with traffic duty in our parking lot. We rely on families to volunteer time in other aspects of our programs as well.

- YES, I’ll be a Room Parent for the grade of child listed on THIS form. Room Parents help implement snack schedule, assist teacher with field trips, help arrange staffing for events, etc. Each class needs at least one Room Parent.
- YES, I’d like to help out the Youth and Family Program Committee by volunteering my time.
- YES, I’d like to buddy with a new family!
- YES, I’d like to help with holiday celebrations (i.e. *hamantaschen* baking).
- YES, Other: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW**

- In the event of any emergency affecting the health or welfare of our child during which I/we cannot be immediately contacted, I/we authorize Congregation Beth Israel Judea personnel to seek emergency medical care, and I/we agree to assume responsibility for the cost of this care.
- I/We agree to uphold matters of school and behavior policy pertaining to my/our child as outlined in the Youth and Family Program Handbook.
- I/We agree to notify the office in writing of any changes to the information listed on this form.
- I/We understand that payment for programs must be paid prior to the first class unless special arrangements have been made. (Please contact our Executive Director, Lori Campbell at 415.586.8833 for any financial questions or to make arrangements).

Signature of Parent/Guardian (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_