



UJS Registration 2019-2020

FAMILY INFORMATION		
Parent/Guardian 1		
Name		Email
Address (street, city, state, zip)		
Home phone		Cell phone
Parent/Guardian 2		
Name		Email
Address (street, city, state, zip)		
Home phone		Cell phone
Emergency Contact		
Name		Relationship to Student
Phone		Email
Congregational Affiliation (Students may attend UJS for one year while unaffiliated)		
Temple Emanuel	Ahavas Israel	Unaffiliated

PERMISSIONS		
Please indicate if you grant permission for the following:	YES	NO
I grant permission for my son/daughter named above to be photographed during Beit Sefer B'Yahad/United Jewish School Activities. I understand that when photographs are used in print or online, no identifying information will be included.		
I grant permission for my son/daughter named above to leave Beit Sefer B'Yahad/United Jewish School premises to participate in religious school field trips.		
I grant permission for my son/daughter named above to be taken to the nearest emergency room in case of emergency. I understand that every effort will be made to reach either or both parents by phone as soon as possible.		

I, _____, grant the permissions indicated above.
Sign or print name

STUDENT INFORMATION

Name	Date of Birth
Secular School Grade	Hebrew School Grade

Full Hebrew Name (ex: Johanna bat Shlomo v'Sarah)

Address (street, city, state, zip)

Please list any allergies or medical conditions.

Please describe any special accommodations that your child receives in secular school.

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Name	Date of Birth
Secular School Grade	Hebrew School Grade

Full Hebrew Name (ex: Johanna bat Shlomo v'Sarah)

Address (street, city, state, zip)

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