



# Congregation Kehillah Youth Education Program



**Registration Form**

**2016-2017/5776 -5777**

**Grades K – 8**

**Congregation Kehillah:** 7430 E Pinnacle Peak Rd, Ste 132, Scottsdale, AZ 85255 Phone: 602-369-7667  
[info@congregationkehillah.org](mailto:info@congregationkehillah.org) [www.congregationkehillah.org](http://www.congregationkehillah.org)

***A Registration Form for each child must be completed before that child may attend classes.***

Child's Name: \_\_\_\_\_  
LAST FIRST MIDDLE HEBREW

Address/Phone: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP

Birth Date: \_\_\_/\_\_\_/\_\_\_ Current Age: \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

School: \_\_\_\_\_ Grade in Aug 2016: \_\_\_\_\_

If new to Congregation Kehillah and YEP! please list prior religious school education and grade level

Parent 1: \_\_\_\_\_  
Name Home Phone Cell phone Email

Parent 2: \_\_\_\_\_  
Name Home Phone Cell phone Email

### PHOTOGRAPHIC RELEASE

During the school year we take pictures that may include your child. These pictures may be used in our newsletters, on our website and for publicity. Check the box to the left if you **APPROVE** the use of these photos and please sign below.

\_\_\_\_\_  
Parent(s) Guardian(s) Signature

### PAYMENT

For Kehillah members, there is no additional charge to attend YEP! If you are not a member of Kehillah, please check the box to the left, and contact the office for payment information, or include a check (\$350 for the school year) with this registration form.

**\$50 Supply/Activity Fee for your first child; \$10 each additional child. Please include payment with this form.  
Thank you.**

### EMERGENCY CONTACT INFORMATION

Medical Contact:

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Emergency Contact #1: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Number

Emergency Contact #1: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Number

***In the event that I cannot be contacted, I hereby give authority to any hospital or doctor to render immediate aid as required at the time for my child's health and safety. I understand I am responsible for this expense.***

\_\_\_\_\_  
Parents(s)/Guardian(s) Signature

\_\_\_\_\_  
Date

### ADDITIONAL HISTORY / IMPORTANT INFORMATION

Is there more than one religion observed in your home? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, please list all allergies: \_\_\_\_\_

Does your child have asthma or respiratory condition? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, please explain: \_\_\_\_\_

Is your child on regular medication? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, please list what kind: \_\_\_\_\_

So that we might provide the best learning environment for your child, please share any of your child's emotional, behavioral, physical or learning needs of which we should be aware:

\_\_\_\_\_

\_\_\_\_\_

Is your child in any special class for any reason? \_\_\_\_\_

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

If yes, please explain: \_\_\_\_\_

In the case of a divorce, to which parent should school information be sent? \_\_\_\_\_

Is there anything else that we should know about your child? \_\_\_\_\_

\_\_\_\_\_

Are there any other contacts you wish us to have? \_\_\_\_\_

\_\_\_\_\_