

CONGREGATION ROYAL WILSON
School Registration Application
2016-2017

Family information:

Parent 1

Last Name:	First name:	Home #
		Work #
Address:		Cell #
		Email

Parent 2

Last Name:	First name:	Home #
		Work #
Address:		Cell #
		Email

Emergency contact number:

Physician's name and number:

Allergies:

Children Information

#1

Name:	Date of birth:	Grade as of 9/2016
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Primary address if different than above:

Special medical and/or learning needs	Prescription drug(s)
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#2

Name:	Date of birth:	Grade as of 9/2016
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Primary address if different than above:

Special medical and/or learning needs	Prescription drug(s)
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#3

Name:	Date of birth:	Grade as of 9/2016
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Primary address if different than above:

Special medical and/or learning needs	Prescription drug(s)
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Is there any other information you wish to share to help our teachers with your child's integration into the class? _____

Congregation Kol Am Religious School Permission & Agreement Form 2016-2017

Field Trip Form

My child(ren) _____, has (have) permission to participate in field trips planned by Kol Am during the 2016-2017 school year. She/he/they is (are) in good physical health and there are no physical disabilities that preclude participation in such activities.

Parent's (or legal guardian's) Signature _____ *Date* _____

Parent Agreement

By signing this enrollment agreement for the Religious School year, I understand that I am obligated to pay all tuition and fees as billed by Congregation Kol Am in a timely fashion.

Parent's (or legal guardian's) Signature _____ *Date* _____

Publicity Agreement

I agree to allow Congregation Kol Am Religious School to photograph my child(ren) for use in publicity, in Synagogue publications and for school use as deemed necessary.

Parent's (or legal guardian's) Signature _____ *Date* _____

Phone Book Inclusion

I agree to have my home telephone number published as a school phone book, listing all of the children and the parents' names. This will be distributed only to those in the Religious School!

Parent's (or legal guardian's) Signature _____ *Date* _____

The following individual(s) have my consent to pick up my child(ren)

Parent's (or legal guardian's) Signature _____ *Date* _____
