



Religious School Registration Form

One form per student

PLEASE PROVIDE ALL INFORMATION

Student's Last Name: _____ **First Name:** _____

Hebrew Name: _____ Gender: _____ Birthdate (req.): _____

Name of Public School: _____ District #: _____ Grade in School, Fall 2025: _____

Student's Primary Street Address: _____

Parent/Guardian Information:

Parent #1	Parent #2
Full Name:	Full Name:
E-mail:	E-mail:
Cell Phone:	Cell Phone:
Born Jewish? <input type="checkbox"/> Jewish By Conversion? <input type="checkbox"/>	Born Jewish? <input type="checkbox"/> Jewish By Conversion? <input type="checkbox"/>
If the student has other parents/guardians not listed above, please provide their names & emails so we can include them in school communications:	

Emergency Contact Information:

In an emergency, if deemed necessary, I give permission to the Director, Rabbi, Teacher or other authorized CBJ personnel to call for emergency medical treatment. ☐ **Yes** ☐ **No**

Parent's Signature: _____ Date: _____

Should my child become ill and a parent/guardian cannot be reached, please notify the following people to pick up my child:

Name:	Name:
Relationship to Child:	Relationship to Child:
Phone #:	Phone #:

Medical Information:

Does your child have any allergies or health concerns that we should be aware of?

Allergies:

Medications (on-site):

Will your child need to have an EpiPen at school? ☐ Yes ☐ No

(OVER)

Student Inclusion

Does your child have any academic or social needs, including an IEP or 504 plan?

We are committed to providing the best possible communal experience and learning environment for your child.

☐ Please contact me to discuss

☐ None at this time.

I authorize CBJ Religious School to use my child's photos/videos/written statements on website and in email marketing.
I understand that Beth Judea will never release my child's name in online media.

☐ Yes ☐ No

Please Print Parent Name: _____

Parent Signature: _____ Date: _____

Please reach out if there is anything else you want to share about your child's social-emotional wellbeing, learning style, or family dynamics.

**cantorbatsarah@bethjudea.org
847-634-0777**