

Child lives with: Mother Father Both Other

Please explain if circled other or if an alternate living arrangement exists:

Are you a member of Beth El Ner Tamid Synagogue? Yes No

Are you affiliated with another synagogue? Yes No

If yes, which one? _____

Has your child previously attended religious school? Yes No

If not at BENT, which one? _____

Last religious school grade attended _____

Has your child ever been suspended or expelled from school? Yes No

If yes, please explain: _____

Please take a moment to describe your child. List any strengths, weaknesses, talents, learning disabilities, hobbies, clubs, after school activities, etc.:

Medical Information

Emergency contact for medical and non-medical situations:

First contact _____

Relation _____ Phone _____

Second contact _____

Relation _____ Phone _____

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize the administration of Beth El Ner Tamid to seek emergency medical attention.

Parent Signature _____ Date _____

***In order to ensure a proper education for your child, we appreciate your honesty when communicating any issues of sensitivity to our staff. We can assure you that these records are kept confidential. It is in the best interest of your child to fill out these forms completely and accurately.**

***If your child needs to be administered medication by a staff member or will be self-administering medication, please contact Religious School Director.**

Medical History:

Medical conditions, serious illnesses, or past hospitalizations of significance to school personnel _____

Any notable physical limitations _____

Shows evidence of emotional or behavior problems? Yes No

If so, please explain and list medications student is taking _____

Does your child have any of the following health conditions?

Asthma	Y	N	Headaches/Migraines	Y	N
Hay fever	Y	N	Seizure disorder	Y	N
Insect sting allergy	Y	N	Heart disease	Y	N
Latex allergy	Y	N	Bleeding disorders	Y	N
ADD	Y	N	Depression/Bipolar	Y	N
Autism	Y	N	Visual deficit	Y	N
Diabetes	Y	N	Hearing deficit	Y	N

Food allergy _____

Medication allergy _____

Explain any above items, including specific actions staff should follow:

My child wears glasses/ contacts _____

Date of last tetanus vaccination _____

Child's physician _____ Phone _____

Field Trip Permission Slip 2011/2012
Multiple Use Form

My child, _____, has
permission to attend field trips with his/her class and to take transportation
arranged by the Beth El Ner Tamid religious school for purpose of attending
these trips. Transportation may include walking, charter bus, vehicle driven
by a teacher or parent volunteer. I understand that before he/she leaves the
school premises, I will receive prior knowledge of trip taken.

Parent Signature _____ Date _____

Permission To Use Photographs 2011/2012 Multiple Use Form

Throughout the school year, we take photographs of our students engaged in various activities. For legal reasons, we would like permission to use photographs that your child may be included in for showcasing our school. Please check all that you are giving permission for:

- _____ Synagogue website (student's name will be omitted)
- _____ Synagogue's school web page (student's name will be omitted)
- _____ Synagogue bulletin (student's name may or may not appear)
- _____ Promotional materials for the school (student's name omitted)
- _____ Public media- ie: local newspaper, Milwaukee Jewish Chronicle (student's name may or may not appear)

_____ Yes, I give Beth El Ner Tamid Synagogue's religious school permission to use photographs of my child in the manner described and checked above.

_____ No, I do not give Beth El Ner Tamid Synagogue's religious school permission to use photographs of my child in any of the manners described above.

Student's name _____

Parent's name _____

Parent's signature _____

Date _____