

CONGREGATION NISHMAT AM  
**ALTMAN FAMILY RELIGIOUS SCHOOL**  
**2019-2020 Application**  
*One application for each student in the family*

**Student's Name (Last, First)** \_\_\_\_\_

**Check one** \_\_\_\_\_ PreK-5th grade \_\_\_\_\_ 6th/7th B/B Mitzvah \_\_\_\_\_ Post B/B Mitzvah-High School

**Age, as of Sep '19** \_\_\_\_\_ **Public School Grade Sep '19** \_\_\_\_\_ **Date of birth** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_ **Home phone** \_\_\_\_\_

**1st Parent**

**Name (Last, First)** \_\_\_\_\_

**2nd Parent**

**Mobile Telephone #** \_\_\_\_\_

**Name (Last, First)** \_\_\_\_\_

**Mobile Telephone #** \_\_\_\_\_

Please indicate the **e-mail(s)** to which you wish school communications to be sent:

1. \_\_\_\_\_ (Is this home or work?) \_\_\_\_\_

2. \_\_\_\_\_ (Is this home or work?) \_\_\_\_\_

**Medical Information and Release Form**

**The *Medical Information and Release* form - on a separate sheet - is part of this application and must accompany it at the time of registration.**

**Emergency and contact information. In case of emergency, contact**

1. \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_

3. \_\_\_\_\_ Tel: \_\_\_\_\_

Please tell us about any special issues or experiences that may affect your child at Religious School. Include information about any previous Jewish education; special physical or emotional circumstances; etc.

**Photos and Publicity**

Occasionally, pictures or videos are taken of children which may appear in newspaper articles, on websites or other media publications or synagogue communications. Please initial below you approval or not of your child's appearance in publicity photos.

I/we approve \_\_\_\_\_

I/we do not approve \_\_\_\_\_

**Release of information**

On occasion, parents of other children in our school or congregation ask us for contact information about families of their children's classmates. Please initial below to allow us to give out your information to other parents, only.

\_\_\_\_\_ initial

**Authorization for Pickup**

Please list the names of adults who are authorized to pick up your child from school. If your child will be picked up by someone who is not on this list, please be sure to notify school staff.

1. \_\_\_\_\_ Tel: \_\_\_\_\_ 3. \_\_\_\_\_ Tel: \_\_\_\_\_

2. \_\_\_\_\_ Tel: \_\_\_\_\_ 4. \_\_\_\_\_ Tel: \_\_\_\_\_

**Signatures**

1st Parent \_\_\_\_\_ Date \_\_\_\_\_

2nd Parent \_\_\_\_\_ Date \_\_\_\_\_

**CHARGES**

**\$125 Materials Fee per child**

1 <sup>st</sup> Student (name)	_____	\$ _____
2 <sup>nd</sup> Student (name)	_____	\$ _____
3 <sup>rd</sup> Student (name)	_____	\$ _____
4 <sup>th</sup> Student (name)	_____	\$ _____

**Total Amount Enclosed** \$ \_\_\_\_\_

Credit Card

Card # \_\_\_\_\_ exp date \_\_\_\_\_

Name on Card \_\_\_\_\_