

**B'nai Mitzvah Class 2008-2009**  
**Admission Application**  
**Chadeish Yameinu Community School**

**Contact & Emergency Form**

Please fill both sides out completely. This application form is necessary for enrollment and also serves as the emergency card while your child is in the program.

Date of Application \_\_\_\_\_ Proposed Entry Date \_\_\_\_\_

My child is applying to: Full Year \_\_\_\_\_ Fall semester only \_\_\_\_\_ Spring semester only \_\_\_\_\_

Name \_\_\_\_\_

First name/Last name/ Nickname

DOB

Secular School Grade

Sex

Address \_\_\_\_\_

Home mailing address

City

State

Zip

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

**Parent's Name (parent #1)** \_\_\_\_\_

First name/ Last name

Address (if different than child) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone/pager \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Interests, Hobbies, Talents \_\_\_\_\_

I prefer to be contacted about school business by phone \_\_\_\_\_ by email \_\_\_\_\_ (check one)

**Parent's Name (parent #2)** \_\_\_\_\_

First name/ Last name

Address (if different than child and/or Parent #1) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell phone/pager \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Interests, Hobbies, Talents \_\_\_\_\_

I prefer to be contacted about school business by phone \_\_\_\_\_ by email \_\_\_\_\_ (check one)

\_\_\_\_ I am a paid member of Chadeish Yameinu      \_\_\_\_ I am in the process of applying for membership

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The above-named child has my permission to participate in Chadeish Yameinu Community School.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chaidesh Yameinu Emergency Information Form**

People to call if parents cannot be reached:

Person 1 \_\_\_\_\_  
Name Phone Relationship

Person 2 \_\_\_\_\_  
Name Phone Relationship

Doctor \_\_\_\_\_  
Name Phone Insurance

Dentist \_\_\_\_\_  
Name Phone Insurance

My child is allergic to the following medication(s):

My child is taking the following medication(s):

My child has the following medical condition(s):

**Field Trip Permission**

I give permission for my child to go on all local, single-day field trips under the direct supervision of Chadeish Yameinu Teaching Staff during the school year. Trips out of the county or for more than one day in length will require separate authorization.

In case of emergency due to serious illness or injury, when I cannot be reached, I give my permission to Chadeish Yameinu Teaching Staff to authorize emergency medical or dental attention for my child.

\_\_\_\_\_  
Parent signature Date

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In case of separate parental households, school information should be sent to:

1<sup>st</sup> parent listed \_\_\_\_\_

2<sup>nd</sup> parent listed \_\_\_\_\_ Both \_\_\_\_\_

For Office Use Only

Initial tuition payment received Date Received Ck#

Final tuition payment received Date Received Ck.#