

Kitah Aleph/Bet Class Application 2008-2009

(for Pre-B'nai Mitzvah)

Chadeish Yameinu Community School

Contact & Emergency Information

Please fill both sides out completely. This 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 class 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 class by phone _____ by email _____ (check one)

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

The above-named child has my permission to participate in Kitah Bet CY 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 teacher/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 teacher/staff to authorize emergency medical or dental attention for my child.

Parent signature _____ Date _____

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

1st parent listed _____

2nd parent listed _____ Both _____

For Office Use Only

Initial tuition payment received Date Received Ck#

Final tuition payment received Date Received Ck.#