

SYNAGOGUE SCHOOL - RSNS, 1001 PLANDOME RD, PLANDOME, NY 11030
REGISTRATION AND EMERGENCY INFORMATION 2017-2018 / ONE STUDENT PER FORM

PRINT CLEARLY

Name of Student (last) _____ (first) _____

Home phone # _____

Parent or Guardian e-mail _____

Address _____ Zip _____

Student's Birth Date ____/____/____ Secular Grade in September 2017 _____

Synagogue School Level kinder alef (1) bet (2) gimmel (3) daled (4) hay (5) vav (6) kadima (7)
Circle grade in September (Thurs.) (Thurs.) (Thurs.) (Thurs.) (Thurs.) (Thurs.) (Tues. eve)

BET-VAV must choose an option () Tues & Thurs (bet-vav)
 () Shabbat School (bet-vav) () Optional Shabbat School dinner before Friday class
Tues & Fri/Sat additional fee for dinner

Dismissal option for () backdoor carpool line – We will escort your child to the waiting car in the dismissal line.
grades kinder-vav: () 'walker' – I will park my car in a designated space & walk in through the sanctuary entrance.

✓ You have the option to list **one** alternate phone number per family, in addition to your home number, for our automatic phone dialer to call, in the event of a school closing.

Name: _____ Phone # _____

✓ **Complete All Emergency Information PLEASE PRINT CLEARLY**

1. Parent or Guardian _____ Work or daytime phone # _____

Cell phone # _____

2. Parent or Guardian _____ Work or daytime phone # _____

Cell phone # _____

In case of a health emergency, if we are unable to reach a parent, who should be notified?

Name _____ Phone # _____

Relation to child _____

✓ **Special needs, food allergies, medication** *(Please put child's name and dosage on any medication to be kept in the office)*

_____ **I want to discuss my child's special needs with Rabbi Jodie.**

_____ In the event my child's customary transportation is unavailable, no RSNS staff will provide transportation, unless a special circumstance arises and I am notified first. I acknowledge that in the event of a medical emergency, a member of the RSNS staff will accompany my child to a medical facility.

_____ YES, RSNS is allowed to use photos / videos containing images of my child.

_____ NO, I do NOT allow RSNS to use photos / videos containing images of my child.

Parent Signature: _____ date: ____/____/____