

Temple Shaarei Shalom
9085 Hagen Ranch Road, Boynton Beach, FL 33472, 561-364-9054
STUDENT and FAMILY INFORMATION 2008-2009
One Form Per Child

Child's Name Last First Public or Private School Name/Grade 2008-2009

Print Last Name Father's Name Mother's Name

Print Address Community Name

City & Zip Home Phone Number Father's Cell Number Mother's Cell Number

List any additional adults you give permission to pick up your child:

Name Phone Number Relationship

Name Phone Number Relationship

Emergency Contact Information:

Emergency Person Address Phone Number

Please list any health or learning concerns that we should be aware of. If your child has an IEP or 504 plan, please include: (Use back for additional information)

EMERGENCY MEDICAL RELEASE

I hereby give my consent to the Director of Religious School or person designated as such to make available to my child, _____ Professional emergency medical care if such care is indicated. I give my permission for my child to receive proper medical care by any doctor, nurse, paramedic or member of a medical staff of a hospital licensed by the state of Florida.

Signature of Parent _____ Date _____

I give permission for taking pictures of my child for appropriate media coverage.	
Signature of Parent _____	Please print name _____
I give permission for sending my child's name and our names to JCC for children's events.	
Signature of Parent _____	Please print name _____