

Temple Shaarei Shalom
 9085 Hagen Ranch Road, Boynton Beach, FL 33472, 561-364-9054
STUDENT and FAMILY INFORMATION 2009-2010
One Form Per Child

Child's Name Last	First	Public School Name/Grade
Print Last Name	Father's Name	Mother's Name
Print Address	Community Name	
City & Zip	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
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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 the back of this form or additional paper if necessary)

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.

Print Name _____

Professional emergency medical care if such care is indicated. It is further understood that every effort will be made to contact my child's physician prior to treatment. However, in the event this is not possible, 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