Congregation B'nai Emet

Religious School/Judaica High Registration Form

NOTE: You MUST be a CBE Member to register your child(ren) for Religious School or Judaica High. If you have not yet completed your Membership registration, please go to the Membership page of the website and do that first.

This form must be completed in full, signed, and submitted before your child can attend Religious School/Judaica High.

If your child has special needs, you are encouraged to speak directly with the VP of Jewish Education (Temple office can provide contact information). Every effort will be made to accommodate you. Any request made or information shared will be held in the strictest confidence.

Parent/Guardian Information		
Parent/Guardian 1		
Last Name	First Name	
Phone (###-###-####)	Email	
Street		
City	State	Zip
Parent/Guardian 2		
Last Name	First Name	
Phone (###-###-####)	Email	
Street		
City	State	Zip

Student Information

Student 1

Last Name	First Name	Hebrew Name

Birthday (*dd/mm/yyyy*)	Grade	Prior Hebrew/Jewish Education (*e.g., "None", "2 years CBE Religious School", etc.*)

Cell Phone (###-###-####)	Email

Primary Residence (*Name(s) of parent(s)/guardian(s) as listed above*)	Sunday Residence (*Name(s) of parent(s)/guardian(s) as listed above*)

Student 2

Last Name	First Name	Hebrew Name

Birthday (*dd/mm/yyyy*)	Grade	Prior Hebrew/Jewish Education (*e.g., "None", "2 years CBE Religious School", etc.*)

Cell Phone (###-###-####)	Email

Primary Residence (*Name(s) of parent(s)/guardian(s) as listed above*)	Sunday Residence (*Name(s) of parent(s)/guardian(s) as listed above*)

Student 3

Last Name	First Name	Hebrew Name

Birthday (*dd/mm/yyyy*)	Grade	Prior Hebrew/Jewish Education (*e.g., "None", "2 years CBE Religious School", etc.*)

Cell Phone (###-###-####)	Email

Primary Residence (*Name(s) of parent(s)/guardian(s) as listed above*)	Sunday Residence (*Name(s) of parent(s)/guardian(s) as listed above*)

Persons Authorized to Pick Up from School		
Authorized Person 1		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)
Authorized Person 2		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)
Authorized Person 3		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)
Authorized Person 4		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)

Emergency Contacts (*If parent/guardian cannot be reached*)		
Emergency Contact 1		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)
Emergency Contact 2		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)
Emergency Contact 3		
Name (*First Last*)	Relationship to Child(ren)	Best Phone Number (###-###-####)

Allergies	
Student's First Name	Allergies (*Please list*)
Student's First Name	Allergies (*Please list*)
Student's First Name	Allergies (*Please list*)

Health Insurance Information	
Physician Name	Physician Phone (###-###-####)
Insurance Company	Insurance Company Phone (###-###-####)
Group/Employer Name	Group Number
Subscriber Name	Subscriber ID Number

Consent to Emergency Medical Treatment

I/We, the parent(s)/legal guardian(s) of _____

List all student names

minor(s), do hereby authorize Congregation B'nai Emet, its agents, employees, teachers, members, directors and officers to act as my/our agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act, whether such examination, diagnosis or treatment rendered at the office of said physician, dentist or at such a hospital. This authorization shall also include the right of my/our agent to commit any of our insurance or other funds that may be required to carry out such medical/dental treatment.

It is understood that this authorization and consent is given in advance of any specific examination, repetitive diagnosis, treatment, or hospital care being required. It is given to provide authority and power regarding the above to my/our agent to give specific consent to any and all such examinations, diagnoses, treatment or hospital care which the aforementioned physician or dentist, in the exercise of his/her best judgment may deem advisable. This authority is given pursuant to the provisions of section 6910 of the California Family Code.

A copy of this Emergency Medical Treatment Consent shall have the same force and effect as the original.

IN WITNESS WHEREOF, I/We have executed this Emergency Medical Treatment Consent at:

_____ California, on _____

City *Today's Date (dd/mm/yyyy)*

_____

Signature 1 *Signature 2*