



**Congregation Chaverim**

5901 E. Second Street  
Tucson, AZ 85711  
Ph: 520.320.1015  
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**CONGREGATION CHAVERIM RELIGIOUS SCHOOL  
REGISTRATION FOR 2008-09/5769 SCHOOL YEAR**

(Please indicate by circling)

**MONDAY HEBREW SCHOOL ONLY    SUNDAY BEIT MIDRASH ONLY    BOTH**

Student's name (English) \_\_\_\_\_ Hebrew: \_\_\_\_\_

Birth date \_\_\_\_\_ Check One: Returning Student \_\_\_\_\_ New Student \_\_\_\_\_

If new, please describe previous Jewish education, if any:

\_\_\_\_\_

Public/private school \_\_\_\_\_ Grade \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work address and title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Does Student live with this parent: yes/no

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Parent deceased \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work address and title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Parent deceased \_\_\_\_\_

Does Student live with this parent: yes/no

Name and phone number of a relative or friend we can contact if you are not available in an emergency, and who is authorized to pick up your child if you are not available:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

**4 This form must be accompanied by a \$50 registration and materials fee per family before May 22<sup>nd</sup>; after this date the fee goes up to \$100.**  
**PLEASE TURN THE FORM OVER NOW AND COMPLETE THE OTHER SIDE!**

**Does your child have special physical and/or learning needs? Does your child have an IEP at school? Please describe here, so we can better serve your child:**

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### Medical Information

Name of doctor \_\_\_\_\_  
Doctor's phone number \_\_\_\_\_  
Doctor's address: \_\_\_\_\_ zip \_\_\_\_\_  
Drug, food or other allergies \_\_\_\_\_  
Medications \_\_\_\_\_

### Authorization to Treat a Minor

I/we the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed by the State of Arizona or dentist licensed by the State of Arizona and of the staff of any acute general hospital holding a current license to operate a hospital from the State of Arizona. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of her/his best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to transporting the student to an emergency facility or the rendering of treatment to the patient by such facility, but that any of the above treatment will not be withheld if the undersigned cannot be reached. List any restrictions:

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**YOU ARE PRESUMED TO HAVE CONSENTED TO EMERGENCY TREATMENT TO PRESERVE LIFE OR LIMB.**

This consent shall remain effective until rescinded.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_  
Date \_\_\_\_\_

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**Complete the following section ONLY IF YOU REFUSE CONSENT for emergency medical treatment.**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to

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Signature of Parent(s) or Guardian(s) \_\_\_\_\_  
Date \_\_\_\_\_

**PLEASE NOTE: YOU MUST BE A MEMBER OF CONGREGATION CHAVERIM TO ENROLL YOUR CHILD IN MONDAY HEBREW SCHOOL AND/OR SUNDAY BEIT MIDRASH, i.e. with financial arrangements up to date, and membership forms on file in the office.**

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**Field Trip Permission Form**

Every now and then your child(ren) may have the opportunity to participate in a field trip as a valuable extension of the classroom experience. (This applies particularly to the 5<sup>th</sup> through 8<sup>th</sup> grade classes.)

We will notify you when field trips are scheduled, and the nature of the trip, so you may join us if you wish. (Most often, you will need to provide transportation to and from the trip for your child.)

No child may participate in a field trip without a current permission slip for the year on file at the school office. Please fill out the following:

I give my permission for my child(ren), \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to participate in school field trips during the 2008-9 school year, and to ride in private vehicles to the locations of the field trips.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Please contact me as a potential driver and parent volunteer for field trips.

**Photograph Release**

From time to time, we take pictures of children involved in school activities, to use for display in-house, or as part of promotional materials (i.e. school brochures, etc.) We would like your permission for this use.

I give my permission for photographs of my child(ren), \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to be used in publications of Congregation Chaverim for promotional purposes.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date