

**HAVURAH SHALOM SHABBAT SCHOOL
REGISTRATION / EMERGENCY INFORMATION
5772/2011-12**

This form must be filled out for each child, for each year, and is kept on file at Havurah Shalom. In order to help parent-teachers plan appropriately, please answer the questions about your child's learning on the back.

Child's English Name: _____

Child's Hebrew Name (if s/he has one): _____

Date of Birth: _____ Grade (in 2011-12) _____

Child's Address(es): _____

Home Phone(s): _____

Parent Email #1: _____ Parent Email #2 _____

Parent/Guardian #1: _____ Cell Phone: _____

Parent/Guardian #2: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Preferred Hospital: _____ Last Tetanus Shot: _____

Allergies or Serious Medical Concerns: _____

Medical Insurance Company: _____

Group #: _____ ID #: _____

Parent Release for Transportation and Emergency Situations

I understand and agree to transportation of my child in private vehicles in connection with the Shabbat School program, on the occasions that Shabbat School classes are held at a location other than Havurah Shalom. In case of an emergency when I cannot be contacted, I authorize the Havurah Shalom Shabbat School personnel or parent volunteer(s) to obligate me for the services of medical personnel and act as my agent in securing emergency treatment. **This authorization is valid from September 1, 2011 to May 31, 2012.**

Signature of Parent/Guardian: _____ Date: _____

Please Note: Havurah Shalom Shabbat School is open to Havurah Shalom member families only.
Initial here to confirm that your Havurah Shalom Membership is current.

**Shabbat School Tuition: \$85 per child; \$160 family maximum.
Please return this form and your tuition payment by September 1st, 2011 to
Havurah Shalom, 825 NW 18th Avenue, Portland, Oregon 97209.**

STUDENT LEARNING NOTES FOR _____(please write name of child)

Shabbat School is taught by teams of parent-teachers and not all parent-teachers know all the students. Therefore, parent-teachers need some information from you about your child's learning to help them plan appropriately.

Copies of the TOP of this sheet will be distributed to all parent-teachers in the appropriate grade.

The BOTTOM of this sheet is for you to add any confidential information that you would like Deborah Eisenbach-Budner, Havurah Educator, to know and/or discuss with you.

Please help maximize your child's learning and enjoyment by supplying the following information.

INFORMATION FOR PARENT-TEACHERS IN YOUR CHILD'S GRADE

1. What specific kinds of activities engage your child educationally? (ex. Acting out stories, illustrating a concept or thought, group discussion, writing, reading aloud, working with a partner, artistic or hands-on projects, debates, etc.)

2. Are there any learning activities that are particularly difficult for your child in his/her secular school environment (ex. reading (in grades where this is relevant), writing down his/her thoughts, cutting with scissors, etc.)

3. Are there any social, emotional, educational factors that you think it would be good for other parent-teachers to consider in their planning?

CONFIDENTIAL INFORMATION FOR HAVURAH EDUCATOR