

HAVURAH SHALOM MIDDLE SCHOOL

REGISTRATION/EMERGENCY INFORMATION

5772/2011-12

This form must be filled out for each child, each year, and is kept on file at Havurah Shalom. There is a \$150 fee for the full Wednesday Night Middle School Program, which includes dinner.

Child's English Name: _____ Gender: M F

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

Date of Birth: _____ Current Grade: _____

Child's Address: _____

Home Phone: _____ Email: _____

Parent/Guardian #1: _____ Cell Phone: _____

Parent/Guardian #2: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

In case of emergency, if I cannot be contacted, I authorize a community member to obtain emergency medical treatment on my behalf.

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Preferred Hospital: _____ Last Tetanus Shot: _____

Allergies (including Food Allergies)
or Serious Medical Concerns: _____

Medical Insurance Company: _____

Group #: _____ ID #: _____

Signature of Parent/Guardian: _____ Date: _____

If there is other information about your child's social, intellectual, or medical well-being that you would like to share with the people who will be with your child, please use the back of this form.

**Please return this form and Middle School fee by September 7th, 2011 to
Havurah Shalom, 825 NW 18th Avenue, Portland, Oregon 97209.**