

**AM SHALOM JEWISH HERITAGE SCHOOL
INFORMATION, AUTHORIZATION AND RELEASE FORM
SCHOOL YEAR Sept _____ - May _____**

This form gives us important information about your child and includes important instructions and authorizations for your child's care. We will share this information with our teachers to help enrich your child's school experience.

STUDENT INFORMATION: (Please complete a separate form for each child)

Student Name: _____ Birth Date: _____

Hebrew Name: _____ Parents' Hebrew Names: _____

Grade: _____ Public/Private school attending: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____

Student lives with Mother Father Both Other _____

Is there a stepparent involved in the student's life? Name: _____

Jewish Heritage School information is primarily sent by email. Please provide an email address (or two) for communications from the School: _____

Parent/Guardian 1 Name: _____ Occupation: _____

Daytime /Work Phone: _____

Address if different from student: _____

Cell Phone Number: _____ E-mail Address: _____

Parent/Guardian 2 Name: _____ Occupation: _____

Daytime /Work Phone: _____

Address if different from student: _____

Cell Phone Number: _____ E-mail Address: _____

STUDENT BACKGROUND:

Has student attended other Jewish Schools? (school/city/grades): _____

What does student enjoy most about secular school? _____

How does student learn best? _____

What does student do for fun? _____

What does student enjoy most about Jewish Heritage School? _____

Is there anything else about this student that would be helpful for us to know? _____

HEALTH AND OTHER INFORMATION:

Please check the items that apply to student and explain below:

ADD/ADHD Allergies/Asthma Emotional disability Fine motor difficulties Frequent headaches
 Gross motor difficulties Impaired hearing Impaired vision Learning disability Regular medication
 Past serious illness or injury (please include dates) IEP, please attach Other

If any of the above is checked, please explain: _____

TRIP, MEDICAL AND EMERGENCY AUTHORIZATIONS:

If student becomes injured or ill at School or while participating in a related program, whether at or away from Am Shalom, every reasonable effort will be made to contact you or another specified adult. The following instructions will remain in force unless revoked in writing by you.

1. I authorize Am Shalom to give my child first aid.
2. In case of a medical emergency, I authorize Am Shalom to arrange for an ambulance and emergency medical treatment for my child. I understand that I will be contacted as soon as possible.
3. I give permission for my child to be photographed at school/Am Shalom events, and for pictures to be used on the synagogue's website and other social media.
4. If I cannot be reached in case of a serious injury or illness, please contact:

Name: _____ Phone Number: _____

(This is an emergency contact person and should NOT be a parent)

Relation to student: _____

RELEASE AND SIGNATURE:

I understand that the \$400 registration fee for Jewish Heritage School will only be refunded at the end of the school year if my child attends a minimum of 70% of the classes offered during the school year (19/27).

I have read and agree to the Trip, Medical, and Emergency Authorizations above. I agree to release Am Shalom Congregation, its lay leaders, and staff from any claim or loss arising out of my student's participation in Jewish Heritage School.

I have authority to sign this form on behalf of my family.

Print Name: _____ Signature: _____ Date: _____