



**Registration Form 2016-2017**

1. Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_ F \_\_\_

Hebrew Name: \_\_\_\_\_ Religious School Grade Sept 2016 \_\_\_\_\_

Does your child have an IEP? If yes, for what reason? \_\_\_\_\_

2. Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_ F \_\_\_

Hebrew Name: \_\_\_\_\_ Religious School Grade Sept 2016 \_\_\_\_\_

Does your child have an IEP? If yes, for what reason? \_\_\_\_\_

3. Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_ F \_\_\_

Hebrew Name: \_\_\_\_\_ Religious School Grade Sept 2016 \_\_\_\_\_

Does your child have an IEP? If yes, for what reason? \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list any allergies your child/children have:**

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**If parents are divorced or separated, please provide address of parent if different than above:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Child lives with:**  Both Parents  Mother  Father

**Class Choices**

**Child's Name**

_____ <b>Grades K-2</b> Sunday 9:00 – 11:00am	_____
_____ <b>3rd-5<sup>th</sup> Grade</b> Sunday 9:00 – 11:00am <b>AND</b> Wednesday 4:45 – 6:15pm	_____
_____ <b>6<sup>th</sup> Grade</b> Wednesday 6:30 – 8:30pm 6 <sup>th</sup> grade also includes several Sunday morning sessions and a Weekend Retreat to Camp Harlam.	_____
_____ <b>7th-8<sup>th</sup> Grade</b> Wednesday 6:30 – 8:30pm	_____
_____ <b>9<sup>th</sup> Grade Pre-Confirmation</b> Tuesday 6:15 – 8:15pm	_____
_____ <b>10<sup>th</sup> Grade</b> Confirmation Wednesday 6:30-8:30pm	_____

**Our school and your child's Jewish education rely on parent support and volunteerism.**

- Yes, I am interested in being a volunteer. Please let me know what opportunities are available.**

**I give permission for my child/children's picture to be released for Shir Ami publicity purposes. (i.e. website, promotional materials) \*Please note that we will not use your child/children's name.**

**Signature**

**Date**

**If you have any questions, please contact Rabbi Eric Goldberg,**  
**Religious School Director, at 215-968-3254 x125**  
**and/or rabbiegoldberg@yahoo.com**