CONGREGATION EMANU-EL OF WESTCHESTER
RELIGIOUS SCHOOL REGISTRATION FORM

NAME OF STUDENT: _____
(LAST) (FIRST)

ADDRESS: _____

HOME TELEPHONE: _____ CELL NUMBER: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____
(NAME) (TELEPHONE NUMBER)

CHILD'S GRADE – as of 9/2016 _____ CHILD'S BIRTHDATE: _____

FAMILY INFORMATION

PARENT 1:

NAME: (LAST) _____
(FIRST) _____

ADDRESS: _____

_____

HOME TELEPHONE NO.: _____
CELL PHONE: _____
E-MAIL ADDRESS: _____

BUS. PHONE NO.: _____

IS PARENT JEWISH? _____

PARENT 2:

NAME: (LAST) _____
(FIRST) _____

ADDRESS: _____

_____

HOME TELEPHONE NO.: _____
CELL PHONE: _____
E-MAIL ADDRESS: _____

BUS. PHONE NO.: _____

IS PARENT JEWISH? _____

INFORMATION REGARDING STUDENT'S SCHOOL PROGRAM AND PROGESS SHOULD BE SENT TO:
PARENT 1 _____ PARENT 2 _____ BOTH PARENTS _____

Please use this space to share with us any special information about your youngster that we should have in order to work with him/her more constructively.

1. Public/private school he/she attends: _____
2. He/she is in the following special program(s) in secular school: _____
3. Child's interests, hobbies, skills, musical instruments played: _____
4. Special behavior patterns school should be aware of: _____
5. Any other information/comments: _____