

Battery Park Synagogue Hebrew School Registration and Medical Authorization: 2009-2010 (5770)

Student's full name: _____
(last) (first) (middle) (nickname)

School: _____ Student's Hebrew name: _____

Date of birth: _____ Home telephone number: _____

Home address: _____

E-mail address: _____

Work telephone (mom): _____ (dad): _____

Cellular number (mom): _____ (dad): _____

Mother's name: _____ Mother's Hebrew name: _____

Father's name: _____ Father's Hebrew name: _____

Mother's occupation: _____ Father's occupation: _____

Work address (mom): _____

Work address (dad): _____

Other emergency contact: _____

Relationship: _____ Telephone number: _____

Mother's religious background: _____

Father's religious background: _____

This medical authorization form will be used only in the event we have attempted to contact you and have been unsuccessful. Please ensure that you have provided us with emergency phone numbers for you and at least one other individual. This form is for true emergencies and will never be used without first attempting to contact you.

In an emergency, the doctor and/or hospital to which my child may be brought (and whomever they may designate or their assistants) is authorized to perform any emergency procedures or operations, to give treatment and/or administer anesthetics to my child.

Signature(s): _____ Date: _____

Doctor's name: _____ Doctor's telephone number: _____

Doctor's address: _____

Known allergies: _____

Medications, if any, child currently receives: _____

Serious illnesses, accidents or notable medical history: _____

Tuition is **\$400** per semester and is due at the beginning of each semester. Synagogue membership is **required** for all Hebrew school children and their families. A **0.5% per month late fee** applies to any past due balances. Tuition is non-refundable after classes begin.

Please pay by check to: *The Battery Park Synagogue*

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... serving the downtown community since 1986