

SUNRISE JEWISH CENTER
 West Broward Community Hebrew School
 Religious School Registration 2009-2010
 954-741-0295

Today's Date _____ Circle one: **Affiliated** **Unaffiliated** Circle One: **Kohen** **Levi** **Yisrael**

Student's Name _____ DOB _____ Hebrew Name _____

Phone# _____ Address _____ City _____ Zip _____

R/S Grade _____ Prev. Religious School (if different) _____

Secular School Name _____ Grade being entered _____

Siblings Name and Age _____

Mother's Name _____ Hebrew Name _____ Occupation _____

Business Ph.# _____ Cell# _____ E-mail Address _____

Father's Name _____ Hebrew Name _____ Occupation _____

Business Ph.# _____ Cell# _____ E-mail Address _____

Please indicate if parent(s) is/are not Jewish: Mother Father Other

Parent are: Married Divorced Single Widowed Student lives with _____

The information below is optional and is intended for us to better serve your child.

List any food or medical allergies _____ Disabilities _____

Is your child on any medication _____ ? If so, what? _____

Child's Physician _____ Phone # _____

In Case of **EMERGENCY** call (other than parent)

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

I, the undersigned, hereby agree to abide by all terms stated on this sheet. I agree to pay all tuition fees promptly to Sunrise Jewish Center, according to their policies. In the event of an emergency and I cannot be reached, I give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of Sunrise Jewish Center to select a physician and authorize medical treatment. Further, I understand that payment for all medical treatment shall be my responsibility.

List below those persons **AUTHORIZED** and **UNAUTHORIZED** to take your child from school during his or her _____.

Authorized _____

Un-Authorized _____

Your child will not be released to any person not listed above. It is the parent's responsibility to inform the school in writing of any change in information listed on this sheet.

Signature of Parent or Guardian _____ Date _____

You can now pay on-line with your Visa or Mastercard
www.sunrisejewishcenter.org
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 Sunrise, FL 33351