

STUDENT REGISTRATION FORM for P'NAI OR SIMCHA SUNDAYS 07/08

SHADED AREA FOR OFFICE USE ONLY

START DATE	SIMCHA SUNDAY CLASS	SIBLINGS
------------	---------------------	----------

OFFICE NOTES

INSTRUCTIONS: The Registration form is an official record. The questions on this form ask for important information that will help provide services for your child. **Please print using a ball-point pen.**

STUDENT INFORMATION

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME	4. HEBREW NAME	5. GENDER <input type="checkbox"/> F <input type="checkbox"/> M
6. HOME ADDRESS (Street Address & Apartment No.)		7. CITY	8. STATE	9. ZIP CODE
10. MAILING ADDRESS (If different from home address)		11. CITY	12. STATE	13. ZIP CODE
14. HOME PHONE NO. ()	BIRTHDATE	16. AGE as of 10/1/07	17. GRADE 2007-2008	18. NICKNAME

PARENT/GUARDIAN INFORMATION

19. FIRST PARENT/RESPONSIBLE ADULT'S RELATIONSHIP <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		20. LAST NAME	21. FIRST NAME	
22. HOME PHONE NO. ()	23. WORK PHONE NO. ()	24. CELL PHONE NO. ()	25. PAGER PHONE NO. ()	
26. EMAIL ADDRESS		* VOLUNTEER INTERESTS - PLEASE GO TO THE VOLUNTEER FORM		

27. SECOND PARENT/RESPONSIBLE ADULT'S RELATIONSHIP <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		28. LAST NAME	29. FIRST NAME	
30. HOME PHONE NO. ()	31. WORK PHONE NO. ()	32. CELL PHONE NO. ()	33. PAGER PHONE NO. ()	
34. EMAIL ADDRESS		* VOLUNTEER INTERESTS - PLEASE GO TO THE VOLUNTEER FORM		

35. ADDITIONAL EMERGENCY CONTACT'S RELATIONSHIP <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		36. LAST NAME	37. FIRST NAME	
38. HOME PHONE NO. ()	39. WORK PHONE NO. ()	40. CELL PHONE NO. ()	41. PAGER PHONE NO. ()	
42. If you are dropping off your child, how is child getting home?				

43. Who can pick the child up from Simcha Sundays?		44. BEST PHONE NO. ()	45. NEXT BEST PHONE NO. ()
--	--	---------------------------	--------------------------------

MEDICAL AND SPECIAL NEEDS INFORMATION

46. PLEASE LIST ANY CONCERNS, SPECIAL NEEDS, SEVERE ALLERGIES and/or MEDICATIONS NEEDED AT SIMCHA SUNDAYS

47. DOCTOR'S NAME	48. PHONE NO. ()	49. PREFERRED HOSPITAL
-------------------	----------------------	------------------------

50. In the case of illness, accident, or other emergency involving the student, the Simcha Sunday administrators are authorized to seek emergency medical care: YES NO

_____ I agree that the P'nai Or Children and Family Education Program may use my child's photo, first name and Simcha Sunday class level for news media, volunteer thank you, bulletin boards, brochures, posters and other promotional materials. I also agree that the P'nai Or Children and Family Education Program may use and publish photos of my child on its website, solely to promote the P'nai Or Education Program. _____ (Check here if you prefer that we not use your child's name, but can use the photo.)

_____ I agree that you may use my child's photo, first name and Simcha Sunday class level, but only in photo opportunities for volunteer thank yous, school bulletin boards and other internal activities such as end of the year slide shows. _____ (Check here if you prefer that we not use your child's name, but can use the photo.)

51. SIGNATURE OF PARENT/RESPONSIBLE ADULT	52. DATE	
---	----------	--

Please send your forms to: P'nai Or Education Program, 9750 SW Terwilliger Blvd. Portland, OR 97219-6531