

STUDENT REGISTRATION FORM for P'NAI OR SIMCHA SUNDAYS 09/10												
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. <b>Please print using a ball-point pen.</b>												
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 10/11/09		17. GRADE 2009-2010		18. NICKNAME					
PARENT/GUARDIAN INFORMATION												
19. <b>FIRST PARENT/RESPONSIBLE ADULT'S RELATIONSHIP</b> <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. <b>SECOND PARENT/RESPONSIBLE ADULT'S RELATIONSHIP</b> <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. <b>ADDITIONAL EMERGENCY CONTACT'S RELATIONSHIP</b> <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 staff are authorized to seek emergency medical care: <input type="checkbox"/> YES <input type="checkbox"/> NO												
<p>_____ 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.)</p> <p>_____ 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.)</p> <p>_____ I agree that the P'nai Or Children and Family Education Program may use my photo and name 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 name, but can use the photo.)</p>												
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												