



Congregation Kehillah Youth Education Program



Registration Form

2024-2025/5784 -5785

Grades K – 8

602-369-7667

info@congregationkehillah.org

www.congregationkehillah.org

A Registration Form for each child must be completed before that child may attend classes.

Child's name: _____
LAST FIRST MIDDLE HEBREW

Child's email: _____

Child's cell phone: _____

Birth Date: ___/___/___ Current Age: _____ ___ Male ___ Female

Grade in Aug 2024: _____ School District: _____ Name of School _____

If new to Congregation Kehillah and YEP! please list prior religious school education and grade level

Parent 1: _____
Name Home Phone Cell phone Email

Parent 2: _____
Name Home Phone Cell phone Email

PHOTOGRAPHIC RELEASE

During the school year we take pictures that may include your child. These pictures may be used in our newsletters, on our website and for publicity. Check the box to the left if you **APPROVE** the use of these photos and please sign below.

Parent(s) Guardian(s) Signature

FEES

\$150 Supply/Activity fee per child.

This fee will help defray the cost of workbooks, art supplies, snacks and other purchased items during the school year.

Please include payment with this form. Thank you.

***B'nai Mitzvah* fees are not included.**

Donations to Congregation Kehillah are always appreciated.

EMERGENCY CONTACT INFORMATION

Medical Contact:

_____ Physician's Name		_____ Phone	
_____ Street Address	_____ City	_____ State	_____ Zip

Emergency Contact #1: _____
Name Relationship to Child Phone Alternate Number

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Name Relationship to Child Phone Alternate Number

In the event that I cannot be contacted, I hereby give authority to any hospital or doctor to render immediate aid as required at the time for my child's health and safety. I understand I am responsible for this expense.

Parents(s)/Guardian(s) Signature Date

ADDITIONAL HISTORY / IMPORTANT INFORMATION

Is there more than one religion observed in your home? ___ Yes ___ No

Does your child have any allergies? ___ Yes ___ No

If yes, please list all allergies: _____

Does your child have asthma or respiratory condition? ___ Yes ___ No

If yes, please explain: _____

Is your child on regular medication? ___ Yes ___ No

If yes, please list what kind: _____

So that we might provide the best learning environment for your child, please share any of your child's emotional, behavioral, physical or learning needs of which we should be aware:

Is your child in any special class for any reason? ___ Yes ___ No

If yes, please explain: _____

In the case of a divorce, to which parent should school information be sent? _____

Is there anything else that we should know about your child? _____

Are there any other contacts you wish us to have? _____