



# Congregation Kehillah Youth Education Program



**Registration Form**

**2025-2026/5785 -5786**

**Grades K – 8**

602-369-7667

[info@congregationkehillah.org](mailto:info@congregationkehillah.org)

[www.congregationkehillah.org](http://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: \_\_\_\_\_

Does child prefer that others refer to them with pronouns "he" or "she" or "they" or other? \_\_\_\_\_

Grade in Aug 2025: \_\_\_\_\_ 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

**\$180 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

Emergency Contact #1:

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? \_\_\_\_\_

\_\_\_\_\_