

REFORM CONGREGATION OHEB SHOLOM
555 Warwick Drive, Wyomissing, PA 19610
Phone: 610-375-6034
2021-2022 Religious School Enrollment Form

Student Details

Last Name _____ First Name _____

Please share preferred nickname/pronouns if you wish. _____

Address _____

Birth Date _____ Grade in Secular school 2021-2022 _____

Are there any learning difficulties, home issues, or anything else you would like to tell us in order to help your child have a successful Religious School experience? Please write your answers on the back of this page.

I/we grant permission for any video/photo/image that includes this child without any other personal identifiers to be published on the congregation's website, newsletter, bulletin, Facebook page, or other social media outlets and publications. **YES ___ NO ___**

I/we grant permission for this child to access online resources to communicate and to continue learning activities. **YES ___ NO ___**

Parent/Guardian Signature _____

Parent/Guardian Information

Adult #1 _____ E-Mail _____

Address _____

Best number where you can be reached during school hours: _____

Adult #2 _____ E-Mail _____

Address _____

Best number where you can be reached during school hours: _____

Other adults in same household _____

If parents are divorced or separated, who is responsible for the child's Jewish education? (e.g. Who is the primary contact regarding school events, progress reports, services, etc.?)

Adult #1 _____ Adult #2 _____ Both _____ Other _____

Emergency Medical Information

Person to be contacted in an emergency during Religious School hours if parent/guardian cannot be reached:

Name _____ Tel # _____ Relationship _____

IN THE EVENT OF A MEDICAL EMERGENCY, I/WE AUTHORIZE THE STAFF TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD AND TO CONSENT TO SUCH TREATMENT AS MAY BE DEEMED NECESSARY OR APPROPRIATE:

Parent/Guardian Signature _____ Date _____

Please list any health concerns (i.e. allergies or asthma) of which the school needs to be aware as well as ANY and ALL medications that your child takes, when they take it, and for what condition. **This is vital emergency information we must have on record:**

