

**CHICAGO SINAI CONGREGATION RELIGIOUS SCHOOL  
REGISTRATION FORM 2009-10**

**STUDENT'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS WHERE YOU WOULD LIKE TO RECEIVE RELIGIOUS SCHOOL  
INFORMATION:** \_\_\_\_\_

**SECULAR SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

**MOTHER'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

**FATHER'S NAME:** \_\_\_\_\_

**FATHER'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

If your child lives with one parent, does the non-custodial parent wish to receive school mailings?

YES \_\_\_\_\_ NO \_\_\_\_\_

**PREVIOUS RELIGIOUS SCHOOL ATTENDANCE (if other than Sinai)**

AT \_\_\_\_\_ YEARS OF ATTENDANCE \_\_\_\_\_  
Name of School

**FOR THE COMING YEAR**

MY CHILD WILL ATTEND THE SINAI **MIDWEEK** RELIGIOUS SCHOOL \_\_\_\_\_  
(Wednesdays 4:00 - 5:45PM Grades 3-8 ONLY)

MY CHILD WILL ATTEND THE SINAI **SUNDAY** RELIGIOUS SCHOOL \_\_\_\_\_  
(Sundays 10:00 – 12:15PM Grade Kindergarten-8 only)

MY CHILD WILL ATTEND THE SINAI **CONFIRMATION CLASS** \_\_\_\_\_  
(For 9<sup>th</sup> Grade Sunday 12:30 – 2:00. Please note that fee for Confirmation class is \$500.)

**HELPFUL INFORMATION ABOUT YOUR CHILD**

Information regarding your child will be helpful to us. This information is confidential and shared only with the teacher when the need arises.

**1. Please check any of the following that might relate to your child.**

- |                            |       |                     |       |
|----------------------------|-------|---------------------|-------|
| Adoption                   | _____ | Allergies           | _____ |
| Attention Deficit Disorder | _____ | Custody Concerns    | _____ |
| Divorce                    | _____ | Intermarriage       | _____ |
| Learning Disability        | _____ | Physical Limitation | _____ |
| Remarriage                 | _____ | Other               | _____ |

Please elaborate on these items in the space below. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Please check any of the following special interests that may relate to your child.**

- |                    |       |         |       |
|--------------------|-------|---------|-------|
| Art                | _____ | Dance   | _____ |
| Computers          | _____ | Drama   | _____ |
| Instrumental Music | _____ | Reading | _____ |
| Singing            | _____ | Other   | _____ |

**3. Do you have any special educational goals for your child, or any areas of study that you wish him/her to cover in the following year?** \_\_\_\_\_  
\_\_\_\_\_

**I give permission for the following information to be printed in the Religious School Directory:**  
**(Please check all information that you authorize.)**

\_\_\_\_ Student's Name and Grade    \_\_\_\_ Address    \_\_\_\_ Parent's Name    \_\_\_\_ Phone    \_\_\_\_ None

*PLEASE ENCLOSE **\$325 materials fee per child (\$500 for Confirmation class)** with this registration or contact Heidi Kon at the Temple Office for fee reduction/waiver. Your request is strictly confidential.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Chicago Sinai Congregation Religious School  
EMERGENCY FORM 2009-10**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**NAMES OF PERSONS TO CONTACT IF PARENT CANNOT BE REACHED:**

1. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**(CONTINUED ON SIDE 2)**

**DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PLEASE LIST ANY HEALTH CONDITIONS OR SPECIAL INSTRUCTIONS ABOUT WHICH WE SHOULD BE AWARE.** (This information is confidential and will be shared only when the need arises.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give my permission for Chicago Sinai Congregation Religious School to get emergency treatment for my child \_\_\_\_\_, in the event that the parent, guardian, or physician cannot be reached. I will assume financial responsibility for treatment rendered at this time.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In addition, I understand that pictures of my child may be taken from time to time and may be used for publicity purposes.** \_\_\_\_\_