

**CHICAGO SINAI CONGREGATION RELIGIOUS SCHOOL  
REGISTRATION FORM 2010-2011**

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

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

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

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

**PARENT'S NAME:** \_\_\_\_\_

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

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

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

**PARENT'S NAME:** \_\_\_\_\_

**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 \$550.)

**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. 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

**I give permission to use pictures of my child for:** **(Please check all information that you authorize.)**

- |   |                                 |
|---|---------------------------------|
| _____ Password protected class web site | _____ Chicago Sinai bulletin    |
| _____ Chicago Sinai web site            | _____ Other publicity materials |

\_\_\_\_\_  
Parent Signature

*PLEASE ENCLOSE \$350 materials fee per child (\$550 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 2010-2011**

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

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

**Parent's Name:** \_\_\_\_\_

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

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

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

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

**Parent's Name:** \_\_\_\_\_

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