

AKSE Community Hebrew School Registration Form
Adas Kodesch Shel Emeth Synagogue
4412 Washington Boulevard, Wilmington, DE 19802
Phone: 302-762-3618 Fax: 302-762-3236

_____ School Year

Returning Student New Student

Student's Name: _____ Hebrew Name: _____

Birth Date: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Secular School Grade as of September 2010: _____

Name of Secular School: _____

Father's Name: _____ Father's Hebrew Name: _____

Father's Email: _____ Father's Occupation: _____

Father's Address (if different from above): _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Pager: (____) _____ Cell Phone: (____) _____

Mother's Name: _____ Mother's Hebrew Name: _____

Mother's Email: _____ Mother's Occupation: _____

Mother's Address (if different from above): _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Pager: (____) _____ Cell Phone: (____) _____

In order to help us provide the best educational situation for your child, the following information would be helpful. Please check all that apply.

- Wears glasses Wears contact lenses Speech problem Hearing difficulty
- Comprehension problem Short attention span Overly active Easily upset
- Other: Please explain: _____

Please check if your child has any problems learning English, which could affect his/her ability to learn Hebrew:

- Dyslexia Reads below grade level Has difficulty copying from the board
- Cannot reproduce on paper what is seen on board or in books
- Has an IEP from secular school
- Other: Please explain: _____

Is your child taking any medication? No Yes: (please list):

Does your child have any allergies? No Yes: (please list):

If there is an emergency and we are unable to reach the parents, please give us the names of persons to be notified:

Name: _____ Telephone: _____
Relationship to Student: _____ Cell Phone: _____
Name: _____ Telephone: _____
Relationship to Student: _____ Cell Phone: _____

In case of injury or illness while your child is at school, every effort will be made to contact the parent or emergency contact. The following instructions will remain in force unless revoked by the parent/guardian in writing.

***If the injury is minor, give my child first aid Yes No

***If illness or injury is serious and the parent cannot be reached, please contact our physician or dentist Yes No

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical Insurance Company Name: _____

Group ID#: _____ Plan #: _____

In case of a medical emergency, I authorize the staff to obtain emergency medical treatment from my child. I understand that every effort will be made to contact me immediately.

Parent Signature: X _____ Date: _____

Educational Field Trip Waiver:

My child has my permission to go on educational trips sponsored by the Delaware Community Hebrew School. I understand that I will be informed of all such trips ahead of time. This form serves as permission in case the primary form is forgotten. I understand that students may travel by bus and/or private car and will be accompanied by staff and/or parents. I understand that every reasonable effort will be taken to ensure my child's well-being and safety during these supervised activities.

Parent Signature: X _____ Date: _____

Picture Waiver:

Throughout the year, publicity about our school may be published in the Jewish Voice. Students will not be identified by name.

Please sign below if you give permission for our school to publish a picture with your child in the picture.

Parent Signature: X _____ Date: _____