

Student name: _____ Kitah (grade) this fall: _____



Student Information Form and Medical Emergency Permission Statement

(To be completed for each student by a parent)

Permission Agreement

I hereby grant permission for the B'nai Israel Education Center staff to take whatever steps may be necessary to obtain emergency medical care, if warranted, for _____
(Student's name)

Signed: _____ Date: _____

Name of Insurance Company: _____

Membership/Policy Number: _____

Emergency Contact: _____ Cell Phone: _____
(A local person **other** than a parent)

Relationship to student: _____ Home Phone: _____

Doctor's Name: _____ Phone Number: _____

I certify that immunizations for my child are up to date according to the State of Connecticut Department of Public Health immunization requirements for enrolled students in Connecticut schools. *If your child has a medical exemption please call us at 203-366-1858 and we will forward you an exemption form to you.*

Is this your child's first year of Religious School? No Yes

Please list the names of no more than two friends you hope might be in class with your child. (We make no promises, but will do our best to pair your child with at least one of them **if this form is received by August 17.**)

What are your Jewish education goals for your child over the next 1-5 years? (e.g., Bar/Bat Mitzvah, Jewish friends, participate in home rituals or services)?

Are there any specific skills you hope your child will learn? Are there plans for the student to attend a Jewish camp or other informal programs?

Over please

2018-19/5779

Student name: _____

What are your child's interests? Abilities? Major accomplishments since last fall?

What motivates your child?

What techniques won't work? What situations are difficult?

Are there any methods you have found effective in helping your child to be ready for learning and/or for keeping materials together?

What do you expect your child to achieve by the end of the year in terms of learning? Please think in terms of both Hebrew and Jewish studies.

Please list **all** allergies your child has, including allergies to food or medications:

Please describe any medication that the student takes regularly:

Please describe any special physical/learning needs that might affect your child's performance and/or participation:

Please describe any family arrangements that might affect the student's attendance:

Student name: _____

Other info that may be helpful for us to know in better serving your child so that she/he get the most out the religious school curriculum, peers and staff:

Please list any professionals (e.g. therapists, social workers, or psychologists) who work regularly with your child in school or out.

Please ask your child to help you answer the remaining questions.

Which sport(s) do you enjoy? _____

Which musical instrument(s) do you play? _____

What are some of the movies, books and/or apps you enjoyed in the last few months?

What are your three favorite foods? _____

What is your favorite way to spend your free time? _____

What are your talents? (Everyone has at least one!) _____

What are your goals for this year? (make new friends, sing, improve Hebrew reading, etc.)

What can we do to make this your best year of Religious School ever?

Is there anything else you would like us to know about you?
