

# HAVURAH SHALOM MIDDLE SCHOOL

## REGISTRATION/EMERGENCY INFORMATION

**5770/2009-10**

**This form must be filled out for each child each year, and is kept on file at Havurah Shalom. There is a \$100 fee for the full Wednesday Night Middle School Program, which includes the three sessions/10 classes. If you choose to participate in a single session, it is \$50.00 each. Please make checks payable to Havurah Shalom.**

Child's English Name: \_\_\_\_\_ Gender: M F

Child's Hebrew Name (if s/he has one): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade (in 2009-10) \_\_\_\_\_

Child's Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, if I cannot be contacted, I authorize a community member to obtain emergency medical treatment on my behalf.

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Allergies or Serious Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If there is other information about your child's social, intellectual, or medical well-being that you would like to share with the people who will be with your child, please use the back of this form.

**Please return this form by September 23, 2009 to  
Havurah Shalom, 825 NW 18<sup>th</sup> Avenue, Portland, Oregon 97209.**