



For Office Use Only:  
 Date rec'd: \_\_\_\_\_  
 Accounting: \_\_\_\_\_

**REGISTRATION 2020-21**

FAMILY NAME: \_\_\_\_\_

New to CSI \_\_\_ No \_\_\_ Yes

**CLASS SCHEDULES**  
**K, 1<sup>st</sup>, and 2<sup>nd</sup> Grades**  
 Sunday 9:30 A.M. – 12:30 P.M.

**3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Grades**  
 Ann & Nate Levine Academy – **Tuesday** 4:30 – 6:30 P.M. **OR** CSI Douglas Campus – **Wednesday** 4:30 – 6:30 P.M.  
**Sunday** K – 6<sup>th</sup> students attend CSI Douglas Campus 9:30A.M. – 12:30 P.M.

**7<sup>th</sup> Grade**  
 Sunday 9:30 A.M. – 12:30 P.M.  
 At CSI Douglas Campus

**8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> Grades**  
 Sunday 10:00 A.M. – 12:00 P.M.  
 Anshai Torah

**FAMILY INFORMATION**

Parent/Guardian 1 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_

**STUDENT INFORMATION**

STUDENT'S NAME	STUDENT'S HEBREW NAME	GENDER	GRADE: 2020-21	DATE OF BIRTH	NAME OF SECULAR SCHOOL	NAME OF CAMP(S)	TUES. OR WED. (GRADES 3-6)

**EMERGENCY CONTACT INFORMATION** (other than guardians listed above)

CONTACT NAME	CELL PHONE NUMBER	RELATIONSHIP

**PICK-UP AUTHORIZATION** (other than above guardians) The following people are authorized for student(s) listed in this form to be released to

NAME	CELL PHONE NUMBER	RELATIONSHIP

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**MEDICAL INFORMATION & CONSENT TO TREAT 2020 - 2021**

**Please share with us all of the needs for each of your children so we can better support all of our students.**

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please check all that apply:**

<input type="checkbox"/> Allergies: _____ _____	<input type="checkbox"/> Illnesses: _____ _____
<input type="checkbox"/> Learning Differences: _____ _____	<input type="checkbox"/> Diagnosis: _____ _____
<input type="checkbox"/> Impairments: <input type="checkbox"/> Speech: _____ <input type="checkbox"/> Hearing: _____ <input type="checkbox"/> Visual: _____	<input type="checkbox"/> Medication: _____ _____
<input type="checkbox"/> Mental Health: _____ _____	<input type="checkbox"/> Medications PRESENT at School: _____ _____

*I/We, the undersigned, have legal custody of the student named above, a minor, and have given consent to the Weitzman Family Religious School supervision during the 2020 - 2021 school year.*

*In case of medical emergency, I/we understand that every effort will be made to contact the parent or guardian. In the event that I/we cannot be reached, I/we hereby authorize and consent to my child to be transported to the nearest medical facility in addition to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any licensed medical personnel on the staff of a licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician. I/we am responsible for payment of all fees incurred.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please check all that apply:**

<input type="checkbox"/> Allergies: _____ _____	<input type="checkbox"/> Illnesses: _____ _____
<input type="checkbox"/> Learning Differences: _____ _____	<input type="checkbox"/> Diagnosis: _____ _____
<input type="checkbox"/> Impairments: <input type="checkbox"/> Speech: _____ <input type="checkbox"/> Hearing: _____ <input type="checkbox"/> Visual: _____	<input type="checkbox"/> Medication _____ _____
<input type="checkbox"/> Mental Health: _____ _____	<input type="checkbox"/> Medications PRESENT at School: _____ _____

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## MEDICAL INFORMATION & CONSENT TO TREAT 2020 - 2021

**Please share with us all of the needs for each of your children so we can better support all of our students.**

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies: _____<br>_____   | <input type="checkbox"/> Illnesses: _____<br>_____                        |
| <input type="checkbox"/> Learning Differences: _____<br>_____  | <input type="checkbox"/> Diagnosis: _____<br>_____                        |
| <input type="checkbox"/> Impairments:<br><input type="checkbox"/> Speech: _____<br><input type="checkbox"/> Hearing: _____<br><input type="checkbox"/> Visual: _____ | <input type="checkbox"/> Medication _____<br>_____                        |
| <input type="checkbox"/> Mental Health: _____<br>_____   | <input type="checkbox"/> Medications PRESENT at School:<br>_____<br>_____ |

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Allergies: _____<br>_____   | <input type="checkbox"/> Illnesses: _____<br>_____                        |
| <input type="checkbox"/> Learning Differences: _____<br>_____  | <input type="checkbox"/> Diagnosis: _____<br>_____                        |
| <input type="checkbox"/> Impairments:<br><input type="checkbox"/> Speech: _____<br><input type="checkbox"/> Hearing: _____<br><input type="checkbox"/> Visual: _____ | <input type="checkbox"/> Medication _____<br>_____                        |
| <input type="checkbox"/> Mental Health: _____<br>_____   | <input type="checkbox"/> Medications PRESENT at School:<br>_____<br>_____ |

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## VACCINATION INFORMATION 2020 – 2021

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_

Please check the vaccinations that your student has had:

- |  |   |
|--|---|
| <input type="checkbox"/> Tdap                              | <input type="checkbox"/> Varicella (Chicken Pox)                                  |
| <input type="checkbox"/> Polio                             | <input type="checkbox"/> Pneumococcal   |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A  |
| <input type="checkbox"/> Haemophilus Influenza Type B      | <input type="checkbox"/> Meningococcal (7 <sup>th</sup> – 12 <sup>th</sup> grade) |
| <input type="checkbox"/> Hepatitis B                       |   |

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_

Please check the vaccinations that your student has had:

- |  |   |
|--|---|
| <input type="checkbox"/> Tdap                              | <input type="checkbox"/> Varicella (Chicken Pox)                                  |
| <input type="checkbox"/> Polio                             | <input type="checkbox"/> Pneumococcal   |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A  |
| <input type="checkbox"/> Haemophilus Influenza Type B      | <input type="checkbox"/> Meningococcal (7 <sup>th</sup> – 12 <sup>th</sup> grade) |
| <input type="checkbox"/> Hepatitis B                       |   |

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_

Please check the vaccinations that your student has had:

- |  |   |
|--|---|
| <input type="checkbox"/> Tdap                              | <input type="checkbox"/> Varicella (Chicken Pox)                                  |
| <input type="checkbox"/> Polio                             | <input type="checkbox"/> Pneumococcal   |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A  |
| <input type="checkbox"/> Haemophilus Influenza Type B      | <input type="checkbox"/> Meningococcal (7 <sup>th</sup> – 12 <sup>th</sup> grade) |
| <input type="checkbox"/> Hepatitis B                       |   |

Student's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_

Please check the vaccinations that your student has had:

- |  |   |
|--|---|
| <input type="checkbox"/> Tdap                              | <input type="checkbox"/> Varicella (Chicken Pox)                                  |
| <input type="checkbox"/> Polio                             | <input type="checkbox"/> Pneumococcal   |
| <input type="checkbox"/> MMR (Measles, mumps, and rubella) | <input type="checkbox"/> Hepatitis A  |
| <input type="checkbox"/> Haemophilus Influenza Type B      | <input type="checkbox"/> Meningococcal (7 <sup>th</sup> – 12 <sup>th</sup> grade) |
| <input type="checkbox"/> Hepatitis B                       |   |

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VOLUNTEER SIGN-UP 2020 – 2021

Thank you for enrolling your child in the Weitzman Family Religious School. To strengthen our school community, we are requesting every family agree to volunteer at WFRS a minimum of one time per school year. Volunteer opportunities range from cooking latkas with our students on a Sunday morning to hosting a Shabbat meal for our education fellow. Please check the general volunteer box to be in active participant in WFRS becoming the best environment for Jewish learning and family involvement.

General Volunteer

Family Name \_\_\_\_\_

PHOTO RELEASE 2020 – 2021

As you know, when your student works on lessons or participates in special events, we often have many great photo opportunities allowing us to share our amazing WFRS community. We would like your permission to use photographs taken during class time, special events or celebrations to post internally in classrooms, hallways, for teacher and family education, and as a historical record. The Weitzman Family Religious School also uses photographs of students for publicity purposes. We promote our school using color brochures, our website, social media, and other types of promotional materials. When photographs are used for publicity purposes, children are never identified by name. All photos used for publicity will be available for the student's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity. Please indicate your preference for photographs below.

I DO / DO NOT (PLEASE CIRCLE) give the Weitzman Family Religious School permission to use photographs of my child internally. I also understand that all photos will be available for review if I should request to do so.

I ALSO GIVE / DO NOT GIVE (PLEASE CIRCLE) permission for photographs of my child to be used for publicity purposes. I understand that my child will not be identified by name when photos are used for publicity purposes.

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PARENT/STUDENT/DIRECTOR BRIT (CONTRACT) 2020 – 2021

**As a parent/guardian, I will:**

- Help my child attend school regularly (at least 70%, unless my teen is in the Confirmation Class which will be at least 85%) and be on time.
- I will notify WFRS if my child will be absent or tardy.
- Show respect and support for my child, the teachers, and the school.
- Provide a caring environment, including adequate food and rest, so my child is ready to learn.
- Volunteer for at least one school program or activity during the school year.
- Read or learn with my child for at least 5 minutes each day.

Parent/Guardian Signature \_\_\_\_\_

Date\_\_\_\_\_

**As a student, I will:**

- Attend school regularly (at least 70%, unless I am in the Confirmation Class which will be at least 85%) and be on time.
- Believe that I can learn and will learn.
- Show respect and cooperate with all adults at the school.
- Come to class on time, prepared to work.
- Complete all assignments to the best of my ability.
- Respect the rights of others to learn without disruption.
- Show respect for the environment by cleaning up after myself.
- Read for at least 5 minutes each day.
- Talk with my parents/guardians each day about my school activities.

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date\_\_\_\_\_

**As Director of Education, I will:**

- Facilitate positive communication between teacher, parent, and child.
- Encourage teachers to provide appropriate classroom assignments.
- Foster a warm, parent-friendly atmosphere.
- Provide a safe and orderly environment for the student.

Director of Education Signature *Sarah Lipinsky*

Date April 1, 2020