

Surf City Synagogue Torah Umasoret Religious School Registration And Information Form

Please print clearly:

Name of 1st child _____ Date of birth _____ M/F

Hebrew name of 1st child _____ Grade in the fall _____

Name of 2nd child _____ Date of birth _____ M/F

Hebrew name of 2nd child _____ Grade in the fall _____

Name of 3rd child _____ Date of birth _____ M/F

Hebrew name of 3rd child _____ Grade in the fall _____

Father's name

Profession

Home phone #

Cell phone#

Address

Mother's name

Profession

Home phone #

Cell phone #

Address

Temple affiliation: SCS _____ None _____ Other Synagogue _____

Emergency or pick-up contact, (when parents are not available)

_____/_____/_____

Name	Relationship	Phone #

Confidential

Please add any student learning information or medical conditions the school should be aware of: _____

Parent's / Guardian's signature

Date