

Congregation Geshher L'Torah
Pearl Sutton Religious School Registration Form 2020-2021



<i>Student Name</i>	<i>Hebrew Name</i>	<i>Birthdate (Mo/Day/Yr)</i>	<i>Gender (M/F)</i>	<i>Grade Sept. 2020</i>	<i>School Attending 2020-2021</i>

Home Address: _____
 Street City, State Zip Subdivision

<p>Parent/Guardian #1 (primary contact)</p> <p>Name: _____</p> <p>Relationship to Child: _____</p> <p>Cell Phone Number: _____</p> <p>Email Address: _____</p> <p>Address (if different from child): _____</p> <p><input type="checkbox"/> Please send all electronic communications to this email address.</p>	<p>Parent/Guardian #2</p> <p>Name: _____</p> <p>Relationship to Child: _____</p> <p>Cell Phone Number: _____</p> <p>Email Address: _____</p> <p>Address (if different from child): _____</p> <p><input type="checkbox"/> Please send all electronic communications to this email address.</p>
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Parental Status: Married Separated Divorced Single Widowed
 Child's Living Arrangements: Both Parents Mother Father Other
 Child's Legal Guardian(s): Both Parents Mother Father Other

For Office Use Only
 Date Received: _____
 RG EB JT

Emergency Contact (other than parent/guardian)

 Name Phone number Relationship to child

Photo Release

I hereby give my permission for my child to be photographed at Religious School and Religious School events. Congregation Geshher L'Torah may use any and all photos of my child for the purpose of education, marketing and advertising in various publications. Such publications include but not limited to GLT Facebook pages, website, newsletters, and any other promotional materials.

- Yes, I give my permission
- No, I do not give my permission

Religious School Reopening Document (Initial here indicating you have read this section _____)

The Reopening Document has been emailed. Initial above indicating that you have read the reopening document and agree to support the policies established by the GLT Education Board.

Medical

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns (**Please explain. If not applicable, please write "NONE" below.**)

Emergency Medical Authorization

Should _____ suffer an injury or illness while in the care of Geshher L'Torah Religious School and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) shall assume responsibility for payment for services. My child will be transported to Children's Healthcare of Atlanta at Scottish Rite.

 Parent/Guardian Signature

 Date