



OHR KODESH CONGREGATION
ALVIN BROWDY RELIGIOUS SCHOOL & OKC YOUTH DEPARTMENT

2014-15 REGISTRATION FORM

NAME OF STUDENT: _____

HEBREW NAME: _____

ENTERING GRADE (FALL 2014): _____

Please Enroll My Child In:

Alvin Browdy Religious School

___ ABRS (Grades K-7; Sunday, 9 am-12 pm & Wednesday, 4:15-6:15 pm)

___ OKClub Early Drop Off (Wednesday)

___ Monday Midrash (Grades 3-5, optional, 4:15-6:15 pm)

___ ABRS High School (8th/9th Grades, Wednesday, 6-8:30 pm)

Youth Groups

Bonim (Grades K-2) ___

Kadima (Grades 6-8) ___

Machar (Grades 3-5) ___

USY (Grades 9-12) ___

Parent 1 Name: _____

Parent 2 Name: _____

Address: _____

Phone: _____

Parent 1 E-mail: _____

Parent 1 cell: _____

Parent 2 E-mail: _____

Parent 2 cell: _____

Student's Nickname: _____

Student's Birthday: _____

Student's Gender: _____

Current School: _____

Student's E-mail (if available): _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Doctor Information: _____

Medical Insurance: _____

Allergies and Special Needs: _____

PERMISSION/RELEASE SLIP

In the event that I cannot be reached in an emergency, I hereby give permission for my child _____ to be treated by a physician or hospital selected by the staff member in charge.

I hereby release Ohr Kodesh Congregation, their employees, and agents from any liabilities in case of accident or injuries.

I understand that my child is covered by the Ohr Kodesh insurance policy, which is secondary to his/her own insurance and will only cover what his/her insurance will not, subject to policy limitation. I further understand that Ohr Kodesh staff and chaperones will exercise due diligence when supervising my child.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

OPTIONAL PICTURES/VIDEO RELEASE

I hereby grant permission to Ohr Kodesh to use photographs and brief video clips of my child _____ during religious school or youth events. I understand that such photos and videos will be used for publicity purposes for Ohr Kodesh programs, and may appear in the Bulletin, flyers, advertisements for future events, and on the website.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

STUDENT INFORMATION PROFILE

Please complete this form (and add any additional information, such as an IEP) to help your child's teacher/advisor become better informed about your child. (All information will be kept in strict confidence.)

Child's name _____ Grade _____
Last First Middle

Developmentally my child is _____

Academically my child is _____

Educational/Learning concerns _____

In new social situations my child _____

The teacher/advisor can be helpful in making this year a success for my child by _____
