

# Malibu Jewish Center & Synagogue

## Religious School Registration 5783-5784 / 2023-2024

Please complete all information on this and next page in ink. **Both forms must be completed for EACH child.**  
**This form is for Grades Kindergarten through Confirmation and must be completed.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Last Name	First Name	Date of Birth
Student's Hebrew Name	School District Enrolled in: <input type="radio"/> SMMUSD <input type="radio"/> Las Virgenes USD <input type="radio"/> Oak Park USD <input type="radio"/> LAUSD <input type="radio"/> Other (please specify)	
Secular Grade in 2023-2024	Bar/Bat Mitzvah Date (if scheduled)	
<b>Name of School:</b> _____ <b>City:</b> _____		
<b>New Student:</b> Has child attended any other Religious School? <input type="radio"/> Yes <input type="radio"/> No		
Temple Name _____ What grades? _____		
City/State _____		

Parent 1 Last Name	First Name	Parent 2 Last Name	First Name
Occupation	Work Phone	Occupation	Work Phone
Cellular Phone	Email	Cellular Phone	Email
Does student reside with: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent <input type="radio"/> Both Parents		Marital status of parent(s): <input type="radio"/> Married <input type="radio"/> Separated/Divorced <input type="radio"/> Widowed	
Primary Home Address <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent			Primary Home Phone
City		State	Zip Code
Second Home Address <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent			Second Home Phone
City		State	Zip Code

Does student have sibling(s) who attend MJCS Religious school? <input type="radio"/> Yes <input type="radio"/> No If yes, please list below.	
1. Name of Sibling	Grade
2. Name of Sibling	Grade
3. Name of Sibling	Grade

☐ I/We wish correspondence to be mailed to both parents.

☐ I/We wish all correspondence to be mailed to (specify) \_\_\_\_\_.

Please complete next page

# Emergency Form and Consent to Treatment of Minor

Please complete this entire form. It is imperative for your child's safety.

Pupil _____		D.O.B. ____/____/____	Grade Level ____
Last Name	First Name		
Parent 1 Name _____		Parent 2 Name _____	
Parent 1 Cell _____		Parent 2 Cell _____	
Parent 1 Work _____		Parent 2 Work _____	
Home Telephone _____			

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor Name \_\_\_\_\_ Doctor Phone (\_\_\_\_) \_\_\_\_\_

Medical-Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

In case you are unable to reach me during any emergency, you are authorized to contact the following:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Out-of-State Contact \_\_\_\_\_ Phone \_\_\_\_\_

Your Child's Allergies/ Dietary Restrictions \_\_\_\_\_

Please note any special health problems (asthma, medication, etc.) \_\_\_\_\_

Will your child be on the medicine during Hebrew School? ☐ Yes ☐ No

Please indicate any special services your child receives for his/her learning \_\_\_\_\_

Describe any family arrangements which might affect student's attendance: \_\_\_\_\_

I/We the undersigned parent(s) of Minor(s) \_\_\_\_\_ do hereby consent to any X-Ray examination, anesthetic, medical or surgical or dental diagnosis or treatment and hospital service that may be rendered to said minor under the general or special treatment and hospital service that may be rendered to said minor under the general or special instructions of our physician or dentist or other physician or dentist called in any emergency by the Principal, the Rabbi or responsible adult in the event I/we cannot be reached; whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that a conscientious effort will be made to notify me or my spouse before such action is taken; but, if this is not possible, the expense of this service will be accepted by me. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. This consent shall remain effective until revoked.

\_\_\_\_\_  
Please print name of parent

\_\_\_\_\_  
Signature of parent

\_\_\_\_\_  
Date

PLEASE BE SURE THAT YOU HAVE FILLED OUT ALL THE REQUIRED INFORMATION ON BOTH PAGES.



## MJCS Religious School

24855 Pacific Coast Highway, Malibu, CA (310) 456-2178 x12 mgeft@mjcs.org

### PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

We love to take pictures here at Malibu Jewish Center & Synagogue

We would like your permission to use these pictures on our newsletter, our bulletin board or our website. **We will never reference by name or provide any specific information.** We also will never sell these pictures; we will use them exclusively for MJCS Religious School.

Please take a moment to let us know your preference regarding our use of photos of your children:

\_\_\_\_\_ YES. I grant you permission to use photos on MJCS Religious School bulletin board, and/or newsletter, website and press releases.

-OR-

\_\_\_\_\_ NO. Please do NOT use photos on MJCS Religious School bulletin board, and/or newsletter, website and press releases.

Your Name (PLEASE PRINT):

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Your Signature:

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