

Malibu Jewish Center & Synagogue

Religious School Registration 5784-5785 / 2024-2025

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 2024-2025 | Bar/Bat Mitzvah Date (if scheduled) | |
| Name of School: _____ City: _____ | | |
| New Student: 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):

Your Signature:

Date: _____