

**KHN Shul School Information/Authorization - 2009-2010**  
**FOR YOUR CHILD'S SAFETY, PLEASE COMPLETE ALL INFORMATION EVEN IF YOUR CHILD HAS PARTICIPATED IN SHUL SCHOOL BEFORE. PLEASE PRINT CLEARLY.**

**Child's Name**                      **Hebrew Name**                      **Birth Date**                      **Age**                      **Grade Secular/Shul \* +**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\* *Gan (Pre-K and Kindergarten,)* *Alef (Grade 1), Bet (Grade 2), Gimel (Grade 3), Dalet (Grade 4), Hey (Grade 5), Vav (Grade 6), Zayin (Grade 7), Chet (grade 8), Tet (grade 9), Yud (grade 10/Confirmation Class)*  
 + *If new to KHN's Shul School, please list your child's previous Jewish Education on the back of this sheet.*

Other Children Who Are Not Currently Participating in Shul School: NAME: \_\_\_\_\_ Age: \_\_\_\_\_  
 NAME: \_\_\_\_\_ Age: \_\_\_\_\_                      NAME: \_\_\_\_\_ Age: \_\_\_\_\_

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 Medical information we should know for your child's safety (allergies, medication, etc.): Use the back, if needed.

Academic or physical special needs we should be aware of so we can maximize your child's learning:  
 (i.e. accommodations needed in school environments to assist with hearing, sight, focusing, dyslexia, or other challenges to your child's learning): Use the back, if needed.

**Emergency Contact (other than parent):** NAME \_\_\_\_\_  
 PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

Do you authorize emergency care if parent or above-listed emergency contact cannot be reached?    YES                      NO  
 May your child's name and photograph be included in KHN publicity?                      YES                      NO

**Parent(s) or Guardian(s) Names:** \_\_\_\_\_  
 (If parents/guardians live separately, please include complete contact information for both) Please write clearly.

**Home Phone (s)** \_\_\_\_\_

**Cell Phone (s)** \_\_\_\_\_

**E-mail (s)** \_\_\_\_\_

**Mailing Address (es)** \_\_\_\_\_

**Parent's or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_