

**Farmington Valley Jewish Congregation – Emek Shalom  
Religious School  
2008 – 2009 Registration Midrashei Chayim**

**STUDENT INFORMATION**

**Student** \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Birthdate \_\_\_\_\_ New to FVJC-ES? \_\_\_\_\_ Fall 2008 Grade: 7 8 9 10  
Secular School \_\_\_\_\_

**PARENT INFORMATION**

Mother's name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mother's e-mail address: \_\_\_\_\_ Mother's cell phone \_\_\_\_\_  
Father's name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Father's e-mail address: \_\_\_\_\_ Father's cell phone \_\_\_\_\_

**EMERGENCY INFORMATION**

In the event of an emergency, when a parent is not available, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL AUTHORIZATION**

I hereby authorize FVJC-Emek Shalom to obtain necessary emergency care for my child in the event of sudden illness, accident, or injury that may occur while said minor is engaged in an activity supervised by FVJC-ES representatives or employees, when neither the parent nor guardian can be contacted. I hereby give consent for treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of Connecticut.

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

**FIELD TRIP RELEASE**

I give my child permission to attend any field trips taken during the school year. I understand that I will receive notice of any/each trip, but I do not have to return a permission slip unless the school requests it.

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

**Registration Fees: Grade Eight \$150 \_\_\_\_\_ Grade Nine \$200 \_\_\_\_\_ Grade Ten \$250 \_\_\_\_\_**

**Received: \_\_\_\_\_ Check #: \_\_\_\_\_**