

Joseph C. Foster Religious School Registration Form

CHILD INFORMATION:

Last Name	First Name	Hebrew Name	DOB	Grade in Public school
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PARENT INFORMATION:

	Father	Mother
Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Cell phone:	_____	_____
Work phone:	_____	_____
Hebrew name:	_____	_____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____ Relationship _____

If your child has difficulty with hearing, speech, and vision, or is receiving any special needs services in public school, please indicate below. All information will be kept in strict confidence and will only be used to aid your child and your child's teacher.

Does your child have any allergies? _____

Does your child have any health issues and/or take any medications we should know about? _____

Please return registration form and fee of \$100.00 per child to school office by September 16, 2018