

**ANSHE CHESED FAIRMOUNT TEMPLE
INFORMATION, AUTHORIZATION AND RELEASE FORM (IAR)
SCHOOL YEAR 2012-2013**

Please review and complete carefully, this form gives us important information about your child and includes important instructions and authorizations for your child's care. We will share this information with our faculty to help enrich your child's Religious School experience. Please advise Fairmount Temple Religious School of any changes during the school year.

Thank you.

STUDENT INFORMATION:

Student Name: _____ Birthdate: _____ Male/Female: _____

Nickname: _____ Hebrew name: _____ Parents Hebrew Name _____

Grade (2012/13): _____ Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Public/Private school attending: _____ Student's Cell Phone: () _____

Student's E-Mail Address _____

Student lives with Mother Father Both Other _____

Is there a stepparent involved in the student's life? Name _____

Does student have siblings (Name & Birth-date)? 1. _____ 2. _____ 3. _____

Religious School information is sent by email. Please provide an email address for communications from the Religious School:

~ Please let us know if you require communications through postal mail ~

(Unless directed in writing, both parents will be given access to the Religious School, family mailings, and school records)

Parent/Guardian 1 Name _____ Occupation _____ daytime / work phone() _____

address if different from student _____

Cell Phone Number: _____ E-mail _____

Parent/Guardian 2 Name _____ Occupation _____ daytime / work phone() _____

address if different from student's _____

Cell Phone Number: _____ E-mail _____

Does student's family include other religious traditions about which it would be helpful for us to know. (Please describe) _____

STUDENT BACKGROUND:

Has student attended other Religious Schools? (school/city/grades): _____

How does student learn best? _____

What does student enjoy most about Religious School? _____

What Summer Camp does student attend in 2012? _____

What Israeli program(s) has the student participated in and when? _____

Is there anything else about this student that would be helpful for us to know? _____

(OVER)

HEALTH AND OTHER INFORMATION:

Please check the items that apply to student and explain below:

- ADD/ADHD Allergies/Asthma Emotional disability Fine motor difficulties Frequent headaches Gross motor difficulties
- Impaired hearing Impaired vision Learning disability Past serious illness or injury (please include dates) Regular medication
- IEP, please attach Other **If any of the above are checked, please explain:** _____

TRIP, MEDICAL AND EMERGENCY AUTHORIZATIONS:

If student becomes injured or ill at Religious School or while participating in a related program, whether at or away from Fairmount Temple, every reasonable effort will be made to contact you or another specified adult. The following instructions will remain in force unless revoked in writing by you. If you do not want to give any one of these instructions, you must cross through it entirely in ink and write your initials next to the line.

1. I authorize Fairmount Temple to give my student first aid.
2. I give permission for my student to leave Fairmount Temple grounds to participate in Fairmount Temple programs. I understand that my student may be transported there in a staff person's or another parent's car.
3. In case of a medical emergency, I authorize Fairmount Temple to arrange for an ambulance and emergency medical treatment for my student. I understand that I will be contacted as soon as possible.
4. In case of a medical emergency, I authorize Fairmount Temple to contact and obtain relevant information from my student's physician and dentist.
5. I give my permission for my child to be photographed with the picture to be used for marketing purposes; including the Anshe Chesed Fairmount Temple Facebook Page and Anshe Chesed Fairmount Temple Blog.
6. I agree to have my name, telephone number and address included in a printed Religious School Directory.
7. **If I cannot be reached in case of a serious injury or illness, please contact:**

Name: _____ Daytime Phone: () _____
(This is an emergency contact person and should NOT be a parent)

Relation to student: _____

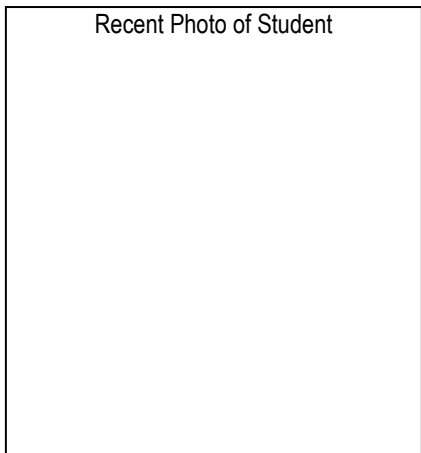
Physician's Name: _____ Phone: () _____

Dentist's Name: _____ Phone: () _____

RELEASE AND SIGNATURE:

I have read and agree to the Trip, Medical, and Emergency Authorizations (except as modified by me) above. I agree to release Anshe Chesed Fairmount Temple, its lay leaders, and staff from any claim or loss arising out of my student's participation in Religious School. I have authority to sign this Form on behalf of my family.

Print Name: _____ Signature: _____ Date: _____



*****FOR OFFICE USE ONLY*****

Date Received _____

Fee Received _____

DB _____

EC _____