

CONGREGATION JEWISH COMMUNITY NORTH RELIGIOUS SCHOOL REGISTRATION

5400 Fellowship Lane Spring, Texas 77379

281-376-0016 eddirector@cjcn.org

School Year _____

Family Last Name: _____

Mother's Full Name: _____ E-Mail: _____

Phone: _____ Address: _____

City: _____ Zip: _____

Father's Full Name: _____ E-Mail: _____

Phone: _____ Address: _____

City: _____ Zip: _____

Other phone numbers where you can be reached on Sunday morning - (office, cell -phone)

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Children's Physician:

Name: _____ Phone: _____

All Children's Names

Name	Birth Date	Grade Entering	Allergies/Limitations

Please give us any other information that will help us teach religious education to your child/children:

FIELD TRIP AND EMERGENCY MEDICAL PERMISSION My child/children have permission to participate in activities, including Field Trips, Planned by the Jacques C. Shure Religious School. She/he/they are in good physical health and have no physical disabilities which preclude participation in such activities. I (parent or legal guardian) hereby grant Congregation Jewish Community North, it's agent or representative, the following rights: That in the event the above child/children is/are injured while in the care of Congregation Jewish Community North and neither of the parents nor those listed above are available, Congregation Jewish Community North , it's agent or representative shall have the right to obtain medical treatment for such child at any accredited medical facility. I agree to be financially responsible for all expenses associated with providing medical care for my child/children. I further agree to hold Congregation Jewish Community North, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which said student/students might receive while participating in or while traveling to and from such activities.

Signature of Parent or Legal Guardian: _____

Date: _____