



WASHINGTON HEBREW CONGREGATION RELIGIOUS SCHOOL

Emergency & Confidential Information

11810 Falls Road, Potomac, MD 20854 & 3935 Macomb Street NW, Washington, DC 20016

Student Name: _____ Entering Grade: _____

New Student

Returning Student

- ▶ Please note that this section will only be shared with proper personnel in order to best assist your child in school.

Does your child have any conditions that may adversely affect his/her education experience?

(for example): Visual Hearing Speech-Language Emotional ADD ADHD

Please explain:

Is he/she receiving services in or outside of school for these conditions? _____

Does your child have any allergies? If yes, please specify _____

Is your child on any prescribed medication? If yes, please specify: _____

Will your child need this medication to create a more positive Religious School? _____

- ▶ Please check the following as appropriate:

I authorize the Religious School to distribute this to my child's teacher.

I do not wish this form distributed to my child's teacher.

I do not wish my child to be included in the Religious School directory or class publications.

I also agree that the School and its agents and sponsors may use my child's photograph in future promotions.

My Child's Physician's Name: _____ Phone Number: _____

- ▶ My child's Religious School experience will be greatly enhanced if he/she were allowed to be with a friend in at least one of his/her classes. **Please note that every effort will be made to fulfill these requests that are made by the registration deadline of June 1st.**

Children's Names: 1. _____ 2. _____

Parent's Signature: _____ Date: _____