

**KOL HADASH HUMANISTIC CONGREGATION
2011-2012 SUNDAY SCHOOL REGISTRATION FORM
PLEASE RETURN BY AUGUST 15, 2011**

Parents:

Adult #1 _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____ E-mail _____

Adult #2 _____ Home Phone _____ Cell Phone _____

Address _____ Zip _____ E-mail _____
(if different from above)

Emergency Contact _____ Relationship _____ Phone _____

Doctor _____ Phone _____

Students (K—10):

Child Enrolled _____ Birth Date _____ Grade for 11-12 _____

Child Enrolled _____ Birth Date _____ Grade for 11-12 _____

Child Enrolled _____ Birth Date _____ Grade for 11-12 _____

Child Enrolled _____ Birth Date _____ Grade for 11-12 _____

Pre-K students (year prior to Kindergarten); PreK students meet monthly (see calendar):

Child Enrolled _____ Birth Date _____

Child Enrolled _____ Birth Date _____

Parent/Tot Program:

Our parent/tot program is for children ages 0-3 and a parent or caregiver. The class is led by a parent and meets monthly; see school calendar.

Child Enrolled _____ Birth Date _____

Child Enrolled _____ Birth Date _____

Are there any special conditions that teachers should be aware of (i.e. allergies; medications; physical, behavioral, or learning disabilities)? Does your child have an IEP (Individual Education Plan) or 504 Plan at his or her school? If so, please explain so that we may best meet your child's needs. Attach additional sheet if needed. You may also contact the Youth Education Director privately at education@KolHadash.com.

**Parent(s) must be members of Kol Hadash Humanistic Congregation to enroll children in Sunday School.
YOUTH EDUCATION FEES DETAILED ON MEMBERSHIP DUES PAYMENT WORKSHEET**

PLEASE COMPLETE BOTH SIDES

SUNDAY SCHOOL PERMISSIONS

___ I give my permission to Kol Hadash to release my child's photo for publication as the Congregation deems appropriate. I also authorize the release of student and parent information to organizations with which KHHC is affiliated, such as the Society for Humanistic Judaism.

___ I do not want Kol Hadash to release my child's photograph for publication.

___ I do not want Kol Hadash to release student and parent information to affiliated organizations.

I certify that all information on this form is correct. In case of emergency, I give school authorities permission to call the doctor named above and/or the local rescue squad. I give such individuals permission to take the necessary emergency measures. I agree to assume all responsibility and expenses incurred.

Parent's signature

Date

KOL HADASH HUMANISTIC CONGREGATION SUNDAY SCHOOL FAMILY VOLUNTEER SIGN-UP

Our growing Sunday School is a cooperative one. We rely on the help of ALL parents and other interested persons. Thank you for your involvement.

Please return this form with your Sunday School registration.

	First Name	Last Name	Telephone	E-mail
Adult #1	_____	_____	_____	_____
Adult #2	_____	_____	_____	_____

We ask each family to volunteer for at least one of the following:

ADULT #1	#2	
___	___	Room parent
___	___	Classroom assistant (as needed)
___	___	Substitute teacher
___	___	Welcome Back/Meet the School Picnic (Sunday, August 28)
___	___	Sunday School First Day/Parent Coffee (Sunday, September 11)
___	___	Rosh Hashana Family Service Oneg (Thursday, September 29)
___	___	Sukkot celebration (Sunday, October 16)
___	___	Hanukkah luncheon (Sunday, December 11)
___	___	Tu B'Shevat Seder (Sunday, February 5)
___	___	Purim Carnival (Sunday, March 11)
___	___	Passover classroom programs (Sunday, March 18)
___	___	Last Day of School party (Sunday, May 20)
___	___	Anything you need (I'm flexible!)

Please note that families are also expected to help at the Shabbat service and oneg for their student's class. More information will come closer to the event.

PLEASE COMPLETE BOTH SIDES - THANK YOU!