



Registration Form for the 2010-2011 School Year

Student name: _____ Grade: _____

Hebrew Name: _____ Nickname: _____

Address: _____

Phone: _____ D.O.B.: _____ Gender: _____

Synagogue affiliation (if applicable) _____

*Notes: Parent_1 will be the primary contact during the school day.
Please put an asterisk by any information you do NOT wish to have published in the Family Directory.*

	Parent_1	Parent_2
Name		
Email		
Home address (if different from above)		
Home phone		
Cell phone		
Work phone		
PRIMARY phone number for us to call (indicate home, cell, or work)		
Place of Employment		
Occupation		

If parent is unavailable during emergency situation, whom should we contact?

Name: _____ Relationship _____ Phone(s): _____

Name: _____ Relationship _____ Phone(s): _____

Permission is granted to the Levey Day School, its staff and volunteers, to transport my child _____ to the closest hospital or facility so equipped to care for him/her in an emergency situation. I understand that I will be contacted immediately and informed of any such action.

Parent/Guardian signature: _____ Date: _____