

**Congregation B'nai Yisrael of Armonk
CHILDREN & YOUTH PROGRAM
REGISTRATION AND EMERGENCY FORM 2008-2009**

RECEIVED: _____ Date

NAME OF CHILD _____
PLEASE PRINT: Last First Middle

DATE OF BIRTH _____ MALE FEMALE HEBREW NAME _____
Month/Day/Year

HOME ADDRESS: _____
Street

_____ City State Zip Code

HOME PHONE(S): 1. _____ 2. _____

PUBLIC/PRIVATE SCHOOL: _____ GRADE: _____
September 2008

Mother's name: _____

Father's name: _____

Bus. Phone: _____

Bus. Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Pager: _____

Pager: _____

Confidential: Special Family Circumstances _____
Please Explain

PERSONAL & CONFIDENTIAL INFORMATION

Does your child have a learning challenge? _____

Does your child have a specific emotional need? _____

Other critical information – ALLERGIES / RESTRICTIONS / OTHER SPECIAL NEEDS

IF MY CHILD IS ILL OR INJURED AND WE CANNOT BE REACHED, CALL:

1. _____
Name Phone

2. _____
Name Phone

MEDICAL CONTACTS:

DOCTOR: _____
Name Phone

DENTIST: _____
Name Phone

Signature _____ Date _____