



# Machon Hadash Registration 2016-2017 SCHOOL YEAR

**PARENT #1** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Preferred email address \_\_\_\_\_

**PARENT #2** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

Preferred email address \_\_\_\_\_

May we share your contact information with other parents for the  
Purpose of arranging carpools?

☐ Yes ☐ No

Would you like your information listed in the student directory?

☐ Yes ☐ No

## EMERGENCY CONTACTS

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## MEDICAL RELEASE

In the event of a medical emergency, I hereby grant permission to Congregation Or Hadash to arrange any necessary medical treatment and/or hospitalization for my child. I understand that I shall be responsible for the cost of providing such treatment.

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Does your child receive any special accommodations or modifications in his/her daytime schooling or any that you wish him/her to receive at Machon Hadash? ☐ Yes ☐ No

Explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*If applicable, please provide a copy of your child's IEP or 504 plan to our school's office so we can provide the best possible education for your child. These forms will be kept confidential.*

Is there anything else we should know about your child? ☐ Yes ☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



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*\*Only one child per page 2.*

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy  
Hebrew Name \_\_\_\_\_  
Bar/Bat Mitzvah Date \_\_\_\_\_  
Child's School \_\_\_\_\_ Grade Level \_\_\_\_\_  
2016-2017

If **YES** to any questions below, please list. *This information will remain confidential and will be shared only with necessary staff.*

a. Any medical conditions or allergies? ☐ Yes ☐ No

b. Any medications your child takes on a regular basis? ☐ Yes ☐ No

c. Any additional information from the previous page? ☐ Yes ☐ No

**Please note: In order to receive a B'nai Mitzvah date and continue to hold it in good standing, all children who do not receive Jewish education elsewhere must be enrolled in Machon Hadash and attend at least 75% of classes.**

*Please return completed forms (including fee structure page) and registration to the Or Hadash office as soon as possible.*

Please mail completed forms to:

Congregation Or Hadash, 7460 Trowbridge Rd., Atlanta, GA 30328 or fax to (404) 477-1516

Forms can also be scanned and emailed to [rhman@or-hadash.org](mailto:rhman@or-hadash.org).