

**Parent / Guardian Information**

Name of Parent1: \_\_\_\_\_

Name of Parent2: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_

Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_(\_\_\_\_)\_\_\_\_\_

Work Phone: \_(\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Numbers during school:

**SUNDAY, 9:30-11:30AM (ALL STUDENTS)** \_\_\_\_\_

**TUESDAY, 5:00-6:15PM (Pre and B'nai Mitzvah classes)** \_\_\_\_\_

Parent/Guardian marital status:  Married  Separated  Divorced  Single.

Please provide additional guardian (e.g. step-parent) information for other adults who might drop-off/pick-up your children (use an extra page).

**Our school runs well only with your help.** We will call on you to support your children's Hebrew School experience. Please provide information here that will help us to call on you in ways that you are most able and willing to contribute:

What talent(s)/experiences might you be able to bring to your child's classroom or our school?

\_\_\_\_\_

\_\_\_\_\_

What other ways will you volunteer to help our school function and provide a good Jewish experience for our students? \_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY : FILE UNDER STUDENT NAME: \_\_\_\_\_

HEBREW TEACHER: \_\_\_\_\_

/ JEWISH LIFE TEACHER: \_\_\_\_\_

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**Student Information**

Note: We will honor all information about your child's health, including medications, special needs, or learning disabilities, with confidentiality. We appreciate any information you provide that will help us provide a meaningful and engaging learning experience for your child(ren).

Child's Name: _____	Child's Name: _____
Hebrew Name: _____	Hebrew Name: _____
Birthday: ____ / ____ / ____	Birthday: ____ / ____ / ____
Grade in day school 2009-2010: _____	Grade in day school 2009-2010: _____
Special needs (e.g. allergies, learning disabilities, medications): _____ _____ _____	Special needs (e.g. allergies, learning disabilities, medications): _____ _____ _____
Child's Name: _____	Child's Name: _____
Hebrew Name: _____	Hebrew Name: _____
Birthday: ____ / ____ / ____	Birthday: ____ / ____ / ____
Grade in day school 2009-2010: _____	Grade in day school 2009-2010: _____
Special needs (e.g. allergies, learning disabilities, medications): _____ _____ _____	Special needs (e.g. allergies, learning disabilities, medications): _____ _____ _____

**FOR INFORMATION PLEASE CONTACT:**

Trish Spear, Hebrew School Committee Chair, [nhspear@ptcnh.net](mailto:nhspear@ptcnh.net) or 363.8035  
Rabbi Sarah Rubin, [rabbi.ahavas.achim@gmail.com](mailto:rabbi.ahavas.achim@gmail.com) or 352-6747