

Congregation Knesseth Israel Religious School Emergency Form

Last Name	First Name	M/F	Date of Birth	Hebrew Name	Public School Grade 2010-2011

Mother's Name _____ Home Phone _____ Cell/Beeper _____

Father's Name _____ Home Phone _____ Cell/Beeper _____

Address (mailing) _____

Parent e-mail _____

Child's(ren's) e-mail _____

Children's Physician _____ Phone number _____

****People to contact in the event of an emergency (after child's parents)**

Name _____ Relationship _____ Phone _____

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