

**ANSHE CHESED FAIRMOUNT TEMPLE  
INFORMATION, AUTHORIZATION AND RELEASE FORM (IAR)  
SCHOOL YEAR 2010-2011**

Please review and complete carefully, this form gives us important information about your child and includes important instructions and authorizations for your child's care. We will share this information with our faculty to help enrich your child's Religious School experience. Please advise Fairmount Temple Religious School of any changes during the school year.

Thank you.

**STUDENT INFORMATION:**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Male/Female:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Hebrew name:** \_\_\_\_\_ **Parents Hebrew Name** \_\_\_\_\_

**Grade (2010/11):** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone: ( )** \_\_\_\_\_

**Public/Private school attending:** \_\_\_\_\_ **Student's Cell Phone: ( )** \_\_\_\_\_

**Student's E-Mail Address** \_\_\_\_\_

Student lives with  Mother  Father  Both  Other \_\_\_\_\_

Is there a stepparent involved in the student's life? Name \_\_\_\_\_

Does student have siblings (Name & Birth-date)? 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Religious School information is sent by email. Please provide an email address for communications from the Religious School:**

~ Please let us know if you require communications through postal mail ~

*(Unless directed in writing, both parents will be given access to the Religious School, family mailings, and school records)*

**Parent/Guardian 1 Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **daytime / work phone( )** \_\_\_\_\_

**address if different from student** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Parent/Guardian 2 Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **daytime / work phone( )** \_\_\_\_\_

**address if different from student's** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Does student's family include other religious traditions about which it would be helpful for us to know. (Please describe) \_\_\_\_\_

**STUDENT BACKGROUND:**

Has student attended other Religious Schools? (school/city/grades): \_\_\_\_\_

What does student enjoy most about secular school? \_\_\_\_\_

How does student learn best? \_\_\_\_\_

What does student do for fun? \_\_\_\_\_

What does student enjoy most about Religious School? \_\_\_\_\_

Is there anything else about this student that would be helpful for us to know? \_\_\_\_\_

(OVER)

**HEALTH AND OTHER INFORMATION:**

Please check the items that apply to student and explain below:

- ADD/ADHD     Allergies/Asthma     Emotional disability     Fine motor difficulties     Frequent headaches     Gross motor difficulties
- Impaired hearing     Impaired vision     Learning disability     Past serious illness or injury (please include dates)     Regular medication
- IEP, please attach     Other    If any of the above are checked, please explain: \_\_\_\_\_

**TRIP, MEDICAL AND EMERGENCY AUTHORIZATIONS:**

If student becomes injured or ill at Religious School or while participating in a related program, whether at or away from Fairmount Temple, every reasonable effort will be made to contact you or another specified adult. The following instructions will remain in force unless revoked in writing by you. If you do not want to give any one of these instructions, you must cross through it entirely in ink and write your initials next to the line.

1. I authorize Fairmount Temple to give my student first aid.
2. I give permission for my student to leave Fairmount Temple grounds to participate in Fairmount Temple programs. I understand that my student may be transported there in a staff person's or another parent's car.
3. In case of a medical emergency, I authorize Fairmount Temple to arrange for an ambulance and emergency medical treatment for my student. I understand that I will be contacted as soon as possible.
4. In case of a medical emergency, I authorize Fairmount Temple to contact and obtain relevant information from my student's physician and dentist.
5. I give my permission for my child to be photographed with the picture to be used for marketing purposes.
6. I agree to have my name, telephone number and address included in a printed Religious School Directory.
7. **If I cannot be reached in case of a serious injury or illness, please contact:**

Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
(This is an emergency contact person and should NOT be a parent)

Relation to student: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

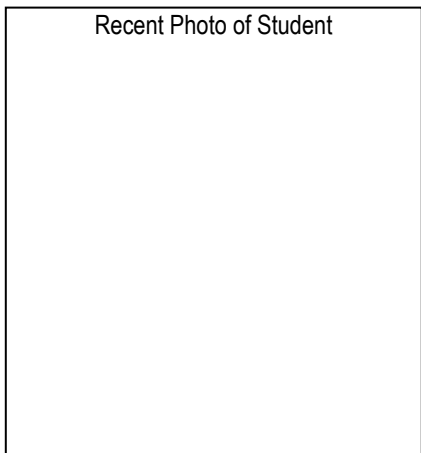
Dentist's Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**RELEASE AND SIGNATURE:**

I have read and agree to the Trip, Medical, and Emergency Authorizations (except as modified by me) above. I agree to release Anshe Chesed Fairmount Temple, its lay leaders, and staff from any claim or loss arising out of my student's participation in Religious School.

I have authority to sign this Form on behalf of my family.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_ DB \_\_\_\_\_