

Congregation Ahavas Achim Religious School—84 Hastings Ave, Keene, NH 03431
2019-2020 Religious School Registration

Parent / Guardian Information

Name of Parent 1: _____

Name of Parent 2: _____

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, 9:30am-12:00pm (ALL STUDENTS) _____

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 Religious 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 (e.g. computer skills, Hebrew language, musical, cooking, etc.)?

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

HEBREW TEACHER: _____

/ JEWISH LIFE TEACHER: _____

OFFICE USE ONLY: FILE UNDER STUDENT NAME: _____

5779-80

Student Information

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

<p>Child's Name: _____</p> <p>Hebrew Name: _____</p> <p>Birthday: ____ / ____ / ____</p> <p>Grade in day school 2019-2020: _____</p> <p>Tell us about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Child's Name: _____</p> <p>Hebrew Name: _____</p> <p>Birthday: ____ / ____ / ____</p> <p>Grade in day school 2019-2020: _____</p> <p>Tell us about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Child's Name: _____</p> <p>Hebrew Name: _____</p> <p>Birthday: ____ / ____ / ____</p> <p>Grade in day school 2019-2020: _____</p> <p>Tell us about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Child's Name: _____</p> <p>Hebrew Name: _____</p> <p>Birthday: ____ / ____ / ____</p> <p>Grade in day school 2019-2020: _____</p> <p>Tell us about your child:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

FOR INFORMATION PLEASE CONTACT:

Rabbi Amy Loewenthal, rabbi.ahavas.achim@gmail.com
Daniella Yitzchak, secretary.ahavas.achim@gmail.com or 603.352.6747