



ZVI DOV ROTH ACADEMY of Yeshiva Rambam



בס"ד

FAMILY INFORMATION & EMERGENCY CONTACT

1. **INFORMATION:**

FAMILY NAME: _____ TELEPHONE # _____
 HOME ADDRESS: _____
 FATHER'S NAME: _____ FATHER'S CELL # _____
 FATHER'S HEBREW NAME: _____ EMAIL ADDRESS _____
 FATHER'S OCCUPATION: _____ BUSINESS PHONE # _____
 BUSINESS ADDRESS: _____
 MOTHER'S NAME: _____ MOTHER'S CELL# _____
 MOTHER'S HEBREW NAME: _____ EMAIL ADDRESS _____
 MOTHER'S OCCUPATION: _____ BUSINESS PHONE # _____
 BUSINESS ADDRESS: _____
 MARITAL STATUS: _____

2. **ENROLLMENT: CHILDREN YOU WISH TO ENROLL FOR THE COMING YEAR**

	<u>NAME</u>	<u>BIRTHDATE</u>	<u>GRADE</u>	<u>SCHOOL ATTENDED LAST YEAR</u>
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

Name of emergency contact: _____
 Address: _____
 Relationship to child: _____ Phone # _____

Name of alternate emergency contact: _____
 Address: _____
 Relationship to child: _____ Phone # _____

 s Name Address Phone # Physician'

Does the student have allergies? ___yes ___no
 Please specify _____

Does the student have any health problems? ___yes ___no
 Please specify _____

Special Medical Alert : Asthma ___ Diabetes ___ Peanut Allergy ___

In the event of a medical emergency, and if none of my emergency contacts can be reached, I give the school authorities my permission to use their judgement in obtaining proper medical care.

Date: _____ Parent's Signature: _____