SULAM-LI

The Religious School for Jewish Students With Special Needs c/o Merrick Jewish Centre, 225 Fox Blvd., Merrick NY 11566 (516) 474-1500

Registration Form

Year 2024 – 2025 Date	::			
Child's Name		Date of Birth		
Address				
(street address)		(town)	(zip)	
Hebrew Name	Current grade			
Parent's Name/s				
Parent's Address/es if different	from child's			
Home Phone		Cell		
E-Mail Address				
Family Synagogue Affiliation (if applicable)			
Bar/Bat Mitzvah Date (if applic	eable)			
If you do <i>not</i> have a current s any of our participating synag TRANSPORTATION			ting more information on	
IndividualCar Pool	With			
EDUCATIONAL INFORMA Please describe your child's edu		f any.		
Please describe your child's cur it is public, private, self-contain		ent and indicate current	school . (Please indicate if	
What (if any) is your child's pro	evious religious school e	experience?		
Please describe your child's into	erests			
What do you see as your child's	s strengths or weaknesse	es?		
Does your child have an IEP or	a 504?			

If you can, we would appreciate a copy of the IEP or any other pertinent educational material. It will be kept confidential, but it may assist us in structuring your child's program.

If there is anything else about your child's educational needs that you feel would be helpful to us, please indicate that information on the back of this form, or on a separate sheet.

MEDICAL INFORMATION

Please list any chronic medical conditions					
Allergies:	Yes	No	If so, please state:		
Does your chi	ild have any foo	d allergies?			
Medications_	Medications Are there any side effects?				
Pediatrician _	nnPhone #				
Is there anyt below or on l		ve should know ab	oout your child's physical condition or nee	ds? (Indicate	
PERMISSIO	ON:				
I give permiss the event I car	sion for Sulam to nnot be contacte	o seek medical trea ed immediately.	atment for my child	in	
	Parent's sig	nature			
I assume full	responsibility fo	or my child en-route	te to and from the Sulam.		
	Parent's sig	nature			
I give Sulam purposes.	permission to ph	notograph my child	l for teaching, advertising purposes and other	promotional	
	Parent's sig	nature			
In the event the	hat we cannot co	INFORMATION ontact you for any remember of an emergence	reason, please give us contact information for	r anyone who	
Nam 1	ne_	Address	Phone #		
2					
3.					
If there is any below.	one else that yo	u would like on ou	or mailing list, please give us their contact inf	ormation	