



## Sunday School Information Sheet 2009-2010

Teaching and celebrating Jewish history, culture, literature, music, values and identity in a humanistic context.

Please complete one form per child. This form will be distributed to your child's teacher.

For more information, please visit our website at [www.secularjewish.org](http://www.secularjewish.org) or email [School@secularjewish.org](mailto:School@secularjewish.org) or call 708-445-4055.

Please complete one registration form per child. A copy of this form will be given to your child's teacher.

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_

Previous Jewish Education \_\_\_\_\_

### Parent / Guardian Information

Parent #1	Parent #2
Name	Name
Address	Address
Phone #	Phone #
Email	Email

Child resides with:  Both Parents  Parent #1  Parent #2

Emergency Contact Information (including parents' cell phone numbers) \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergies?  Yes  No

If Yes, describe: \_\_\_\_\_

What does your child need to succeed in school? Your child's teacher may want to discuss with you the best way to help your child participate in our Sunday School program. \_\_\_\_\_

I permit  DO NOT permit photographs to be taken of my child for SJCS publicity and publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_