



Sunday School Information Sheet 2010-11

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

For more information, please visit our website at www.secularjewish.org or email 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 for the 2010-11 school year _____

Previous Jewish Education _____

Parent / Guardian Information for teacher (for phone number, put the number where you would prefer the teacher contact you)

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

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

Emergency phone number during Sunday School hours: (typically parent(s) cell phone):

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 publications.

Signature: _____ Date: _____