



Parent Information

(Please fill out one sheet per FAMILY)

**Checked box indicates parent/address to which you prefer mail to be sent.*

☐

Parent/Guardian #1: Name: _____

Address: _____ Zip Code: _____

Best Phone #: _____ Email: _____

☐

Parent/Guardian #1: Name: _____

Address: _____ Zip Code: _____

Best Phone #: _____ Email: _____

You MUST give the name and phone number of an emergency contact to be notified in case we cannot reach you:

Name: _____

Relationship: _____ Cell #: _____

CASJS DIRECTORY:

Parents initial here if you do NOT want your contact information included _____

PHOTOS:

Photos, videos, and testimonials from your child's participation in temple events can be used in community and congregational media or publications. Parents initial here if you do NOT want your child included _____

Your signature gives your child permission to participate in school activities and is your commitment to pay school fees. This form must have your signature to register your children.

Parent: _____ Date: _____