

2022-2023 LEC Student Enrollment Form

Please complete the form below to enroll your student. If you are enrolling more than one student, you'll need to complete additional forms. Online registration is available through the weekly CAS email. Classes start September 11th.

Student Information	
Student Name:	
Student Hebrew Name (Please write in English):	
Birth Date:	Returning LEC Student? (Y/N)
Name of Synagogue Where You Are A Member:	
School Information	
Grade Level as of 08 /01/ 22:	Youth Group (USY or Kadima):
School Attending:	
Emergency Contact Information	
Emergency Contact Name and Relationship:	
Emergency Contact Phone Number:	
Alternate Emergency Contact Name:	
Alternate Contact Phone Number:	
Medical Information	
This information is being requested in order to better serve our students. It will be kept confidential and shared only with necessary staff members. If there are no issues, please write N/A in the answer field.	
Has Student Received All Required Vaccinations? (does not include COVID 19) (Y/N)	
Allergies (Y/N)	If Yes, Please List:
Student Accommodation:	
Medical Release: In the event of an emergency, I hereby give qualified medical personnel permission to secure proper treatment for my child, including, if necessary, hospitalization. I understand that I will be contacted immediately in such a case.	
Medical Release (Indicate either I Agree/I Disagree):	
Parent Information	
Name (First and Last Name):	
E-mail:	
Mobile Number:	Alternate Number:
Address:	
Additional Information	
Who is Authorized to Pick-Up?	
Photo Release: Image may be published. (Y/N)	
Does your child have permission to attend field trips? (Y/N)	
By signing your name below you are indicating that you have read and agree to all of the above. Congregation Ahavath Sholom does require that you have an up to date family membership. There may be some additional fees for additional activities, such as field trips or a program that is outside of our usual programming. I agree to the above conditions, statements, and policies and promise to pay all tuition, membership, and fees as stated.	
Signature:	Date:
Printed Name:	