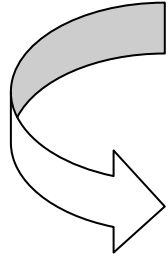


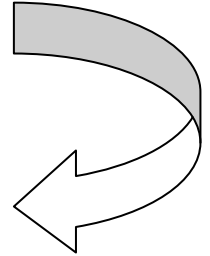
Ramat Shalom רמת שלום

11301 West Broward Boulevard, Plantation, Florida 33325 • (954) 472-3600

Early Childhood & Torah School • (954) 424-3164 • Fax: (954) 472-3622



**Join us For
Ramat Shalom's
Havurat Shalom 3rd to 5th Grade
Youth Program
2009-2010**



Membership Dues \$90

Includes 9 social events yearly

Registration Form

Date: _____

Grade as of August 2009: _____

Student's Name: _____

Student's E-mail: _____

Parent's Name: _____

Parent's E-mail: _____

Home Phone: _____

Cell Phone: _____

Address: _____

PLEASE COMPLETE THE YOUTH INFORMATION FORM

Youth Information

Name (Last, First) _____

DOB _____ Age _____ Grade _____ as of 8/2009

Youth's Contact Information:

Phone Numbers: Home _____ Cell _____

E-mail Address _____

Home Address _____

Parent/Guardian and Emergency Contact Information:

1) Name (Last, First) _____

Phone Numbers: Home _____ Cell _____

Work _____ E-mail Address _____

Home Address _____

2) Name (Last, First) _____

Phone Numbers: Home _____ Cell _____

Work _____ E-mail _____

Home Address _____

Medical Information:

My child, _____, has the following medical conditions, allergies and
(print child's name)
takes the following prescription medications Ramat Shalom needs to be aware of – Example: asthma, reaction to insect bites, benedryl needed , etc.

Insurance Company _____ Policy Number _____

Policyholder is employed by: _____

Parent/Guardian Signature: _____ Printed Name: _____