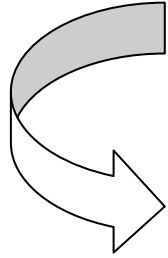


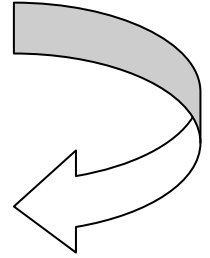
# Ramat Shalom רמת שלום

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  
MENSCH 6<sup>th</sup> to 8<sup>th</sup> Grade  
Youth Program  
2009-2010**



**Membership Dues \$118**

*Includes 9 social events yearly*

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## 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: \_\_\_\_\_