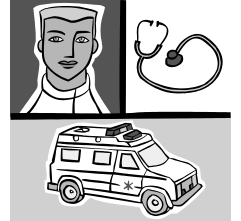


**CONGREGATION AGUDAS ACHIM RELIGIOUS SCHOOL**  
**5779/2018-2019**

→ **CAARS Registration will not be complete without Medical Insurance info.**

**Emergency/Medical Form**

I give permission for the CAARS administration to provide and/or authorize any necessary medical or dental treatment in case of an emergency. I understand that, although the school may attempt to contact me, I hereby give my permission for treatment without any further written or verbal approval from me. I release CAA, the faculty and administration of CAARS, the boards and staff of Congregation Agudas Achim of any and all liability for any harm or injury that may occur while my child participates in CAARS or any program sponsored by CAA/CAARS. If my child drives to CAARS, or carpools with another student or parent, I acknowledge that the driver, rather than CAARS, assumes full responsibility for events occurring in transit to or from the school. This includes field trips for which your child might be transported by another parent or via the JCAA school bus. I have discussed the CAARS security policy with my child(ren) and understand that should my child leave the CAARS premises during class time, CAARS will be absolved from any accountability.



Child(ren) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

→ **Insurance Carrier** \_\_\_\_\_

→ **Insurance Policy #** \_\_\_\_\_

**Student Agreement**

Parents and Students should read and discuss together--

CAARS expects students and teachers to maintain a high level of mutual respect and to act according to Jewish values. All students who attend CAARS should understand and agree to the following expectations:

1. I will attend classes with an attitude of respect towards myself, my peers and the faculty of CAARS.
2. I understand that if I am unable to behave in an orderly and respectful manner, the following steps will be taken:
  - a. I will first be asked to leave the classroom to cool off or calm down in the hallway directly outside the classroom door. After no more than 10 minutes I will re-enter the classroom.
  - b. If I still cannot control my behavior I will be sent to the Education Director's office where I will complete an assignment on Respect.
  - c. If sent to the Education Director's office a second time, my parents will be called in for a conference with the teacher, the Education Director and me.
3. I will attend classes prepared to learn, arriving on time and maintaining regular attendance.
4. I will respect the rules and property of the facility in which I attend classes and will not disturb property belonging to other students sharing my classroom.
5. I will not leave the CAA/CAARS property between or during classes without written permission from my parents and notification of the Education Director or Education Assistant.

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_