

**Nashuva at CREATIVE SPACE  
REGISTRATION FORM**

Starting Date: \_\_\_\_\_  
Name of Participant: \_\_\_\_\_ (M/F)  
Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Name of Parents: \_\_\_\_\_  
Mother's Address: \_\_\_\_\_  
Father's Address (same as above): \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
My child may be released to the following people:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Any relevant medical information: (allergies, regular medication, etc.)

Pediatrician: \_\_\_\_\_ Tel.# \_\_\_\_\_

Mother's religious background: \_\_\_\_\_

Father's religious background: \_\_\_\_\_

Any Previous Jewish Education? \_\_\_\_\_

PLEASE MAKE YOUR CHECK PAYABLE TO NASHUVA.

Creative Space and Nashuva are committed to providing a safe and secure environment for all children. In the event of injury or illness, Creative Space and Nashuva will make every effort to contact me, but if such contact is not forthcoming, Creative Space & Nashuva's staff will be compelled to use their best judgment with regards to the health and safety of my child. Any such treatment or care shall be rendered at my expense. I hereby indemnify Creative Space, Nashuva and any administrator or employee from any liability because of the exercise of such consent. There are no refunds for withdrawal from the program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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