



Mail check to: Congregation Shir Tikvah,  
1631 NE Broadway, #314  
Portland, OR 97232

Scholarship aid is available; contact Rabbi Ariel to apply at [rabbiaristolstone@gmail.com](mailto:rabbiaristolstone@gmail.com)

**Parental Support**

The Nashira Education Project Sundays, Shabbatonim, and Hevra function with the participation of Education Committee, administration, teachers, and parent volunteers. Please indicate how you would like to contribute in at least one of the following ways:

**Sunday morning hours:**

\_\_\_ Door Watch\*                      \_\_\_ Playground sweep

*\*Please note: the time commitment for this volunteer job conflicts with the parent-child Hebrew class and Rabbi's parent discussion group.*

**Other hours:**

- \_\_\_ Support social justice projects
- \_\_\_ Join Education Committee
- \_\_\_ Sponsor family erev Shabbat oneg (with food or funds)
- \_\_\_ Share special knowledge/skills (specify) \_\_\_\_\_

**Photo Release**

I Parent/Guardian (print) \_\_\_\_\_ DO/DO NOT (circle one) consent to have my child's photograph appear in not-for-profit Shir Tikvah electronic or print materials.

Signature (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_

**Medical Consent Form**

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical prohibitions \_\_\_\_\_

Food allergies/prohibitions \_\_\_\_\_

Please list any medications your child takes \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co.& ID# \_\_\_\_\_ Hospital Preference \_\_\_\_\_

I Parent/Guardian (print) \_\_\_\_\_ do hereby give my consent for all emergency medical care prescribed by a duly licensed doctor of medicine or dentistry for my dependent. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. I also give my consent for the transportation of my child to emergency facility by a representative of Shir Tikvah if I am not available.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contacts**

In the event of emergency where a parent/guardian cannot be reached, we authorize Nashira to contact the following people:

Name	Relationship to Child	Phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**Authorization for Pick-Up**

I authorize the following people to pick-up my child in my/our absence:

Name	Relationship to Child	Phone #
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____