

TEMPLE BETH SHOLOM 2007-2008 RELIGIOUS SCHOOL REGISTRATION

CHILD'S FULL NAME _____ HEBREW NAME _____

Date of Birth _____ Fall '07: Grade in secular school _____ Grade in Religious School _____

Synagogue member: Yes _____ No _____

Please note: Children of non-members may be enrolled for 1 year before Temple membership is required

Is this your child's first year as a TBS student? _____

If yes, what previous Judaic experiences or education has your child had? _____

Father's English name: (Last, first) _____ Mother's English name: (Last, first) _____

Father's Hebrew name, if applicable _____ Mother's Hebrew Name, if applicable _____

Father's mailing address (Street, city, zip) _____

E-mail _____

Mother's mailing address (Street, city, zip) _____

E-mail _____

Telephone #s: Child's home _____ Mother's Business _____ Mother's Cell _____

Father's Business _____ Father's Cell _____

If parents are divorced, Custodial Parent(s): _____

Emergency Contacts if parents cannot be reached:

Name _____ Relationship _____ Phone _____ Authorized to pick up from school?

Yes ___ No ___

Name _____ Relationship _____ Phone _____ Authorized to pick up from school?

Yes ___ No ___

Physician Name and telephone number _____

If your child has special academic needs or behavioral concerns, please tell us about them in the space below:

Medications _____

Allergies _____

If child has emergency medication (e.g. an inhaler), that the child does not carry at all times, please provide the school with the medication and a copy of the prescription in a labeled, sealed plastic bag. No other medications will be provided for your child.

Health Insurance Company, name of insured, group and policy numbers: _____

I hereby give my permission that in case of emergency, when neither myself nor the designated emergency contacts can be reached, and immediate medical attention must be provided to my child _____, Temple Beth Sholom may take all necessary steps to assist my child.

Parent/Guardian Signature _____ Date _____

Temple Beth Sholom does/does not have permission to publish photos of my child in the print media, on the web (web photos will not have the children's' names) and to appear in occasional media coverage of TBS events.

Please Initial _____

I am interested in helping:

Being a class parent _____

Passover Candy Sales _____

Hanukkah programming _____

Organizing the Class Shabbat Onegs _____

Sunday Morning Sholom Café _____

Just call me when you need a parent to help _____