

Temple Emanu El Religious School Registration 2011-2012 / 5771-5772

FAMILY INFORMATION (Complete Pages 1-3 once)

PRIMARY RESIDENCE:

Parent/Guardian Name: _____ Relationship: _____

Address: _____

E-mail: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____ Relationship: _____

Address: _____

E-mail: _____ Occupation: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Father's Hebrew Name: _____ Mother's Hebrew Name: _____

EMERGENCY SCHOOL CLOSING: Phone number to be called: _____
(weather related or other)

*In case of emergency and we are unable to reach the parents, please call:

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ Relationship to student: _____

GENERAL MEDICAL INFORMATION

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Medical Insurance Company Name: _____

Group ID #: _____ Plan #: _____

Hospital Preference: _____

In the event reasonable attempts to contact me or another responsible adult have been unsuccessful, I hereby give my consent for the transfer of the child to the hospital listed above or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring to the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent: _____ Date: _____

INFORMATION ABOVE IS THE SAME AS LAST YEAR: Circle YES or NO

PARENTAL PERMISSION

SESSIONS - GRADES PREK - 6

Religious School at TEE will be held during 2 different sessions. Please indicate your 1st choice for the session by writing a "1" for your 1st choice. Place an "X" in "Either" spot if you do not care which session your child(ren) attend(s). These classes will be filled on a 1st come, 1st served basis after FEES are paid or a payment arrangement has been made with the executive director.

Boker Rishon (9:00am-11:15am) _____ *Boker Sheini* (10:30am-12:45pm) _____ Either _____

*Please note student in choir or Parent/Child Hebrew **MUST ATTEND BOKER SHEINI**. (Send in your registration forms and fees ASAP.)

HEBREW - GRADES 3 - 6

Midweek Hebrew at TEE will be held on Tuesdays & Thursdays. Please indicate your first and second choice for days. These classes will be filled on a 1st come, 1st served basis. Please write day of the week in blank provided.

1st Choice _____ 2nd Choice _____ Either _____

CHOIR - GRADES 3 – 6 (If your child is interested, please register - choir will determined at a later date based on staff.)

Please enroll _____ in choir, which meets from 10-10:25 am on Sunday mornings.

***Grade 3, 4 and 5 Hebrew Alternative** – 3rd Grade parents can choose to take a Parent/Child Hebrew class where the parent and child study Hebrew together. **This class takes place on Sunday mornings during the *Boker Sheini* session ONLY** from 12:05-1:15pm. (no midweek class - more intensive class with homework – different fee).

___ check here if interested in Grade 3 Parent Child Hebrew.

___ check here if interested in Grade 4 Parent Child Hebrew. (Room available for new students who are not already enrolled.)

___ check here to continue with Grade 6 Parent Child Hebrew.

___ check here if interested in 6 Parent Child Hebrew. (Grade 6 available only if a family currently enrolled withdraws from the program. You will be put on a waiting list.)

HIGH SCHOOL PROGRAM OPTION (Your grade 7-12 child is automatically enrolled in our Monday TEEn *Kolel* Program.)

GRADES 8 - 12

___ Please enroll my child(ren) in the *Hadrachah* Program IN ADDITION to the Monday High School requirement. Place an "X" next to the sessions your student would like to attend. Positions will be filled on a 1st come 1st served basis with priority given to students in grades 9-12.

Name of student(s) _____

Boker Rishon (8:45am - 11:15am) _____ *Boker Sheini* (10:15am - 12:45pm) _____ Both _____

Tuesdays (4:00 - 5:45 pm) _____ Thursdays (4:00 - 5:45 pm) _____

RELIGIOUS SCHOOL FEES:

FEES WITH 5% DISCOUNT PAID IN FULL BY JUNE 1ST

FEES PAID IN FULL BY AUGUST 15TH

PreK - Grade 2: # Students x \$257 = _____ # Students x \$270 = _____

***Consecration Fee:** # Students x \$57 = _____ # Students x \$60 = _____

Grades 3 - 6 (2 times/week): # Students x \$447 = _____ # Students x \$470 = _____

Parent/Child Hebrew (Grade 3, 4 & 6 only) # Students x \$504 = _____ # Students x \$530 = _____

Grades 7 - 12: # Students x \$323 = _____ # Students x \$340 = _____

****Confirmation/Graduation Fee:** # Students x \$34 = _____ # Students x \$35 = _____

TOTAL _____ TOTAL _____

*Consecration Fee includes *kippah*, *Torah*, picture, oneg and misc. supplies

** Confirmation/Graduation Fee includes picture, robes, oneg and misc. supplies

I WILL BE PAYING FEES BY (Please check 1 option): CHECK _____

OR

CREDIT CARD (Visa, Mastercard, or Discover):# _____

Exp Date _____

Pin # (last 3 digits on back) _____ Signature _____

Date _____

SIGNATURES REQUIRED:

RIDE IN PRIVATELY OWNED VEHICLE

I give permission for _____ to ride in a privately owned vehicle for the purpose of temple programming. In consideration of the child being allowed to ride in this vehicle, on behalf of the child, my spouse, and myself, I hereby assume all risks in connection with the ride in this vehicle and I further release Temple Emanu El and its employees and volunteers from all claims, judgments, liability for injury of damage that the child or his/her estate, myself, or my spouse ever had, now has, or may have due to the child's participation in the ride including all risks connected therewith whether foreseen or unforeseen.

CLASS DIRECTORY RELEASE

A roster for each grade of children, which may include names, addresses and telephone numbers of parents, custodians, or guardians of children attending Temple Emanu El Religious School may be prepared and given to parents, custodians, or guardians upon request.

_____ I would like our names and telephone number to be included in this directory.

_____ I would NOT like our names and telephone number to be included in this directory.

PICTURE RELEASE

During the school year we like to use our student's pictures for publicity and advertising our programs in various publications. Please check the following to allow us to use your child's picture:

_____ Temple Bulletin

_____ Temple Emanu El's Website

_____ Any Newspaper

_____ Facebook

_____ Retreat/JECC Publications

_____ I would NOT like my child's picture used.

The signature below includes all permissions listed above:

(Signature)

(Date)

WE CANNOT DO THIS WITHOUT YOU!

Please take a moment to check the areas below for which you can assist so that together we can provide the best religious education for our children.

_____ Work the front desk on Sunday mornings

_____ Assist with Special Programs

_____ Assist with the planning of the Purim Carnival

_____ Room Parent (includes calling parents for school cancellations and 1 social and *Tikkun Olam* program/year)

_____ Be a member of the TEEPC (TEE Parent Council - similar to PTA)

_____ Substitute (grades: _____)

_____ Community Time Parent Helper (Prepare snack to grades PreK-6)

STUDENT INFORMATION (please complete one sheet for each student)

Full Name: _____ Hebrew Name: _____

Please Circle: Female Male Student E-mail: _____

Birth Date: _____ Home Phone: _____ Cell Phone: _____

Home Address: _____

Secular school as of September 2011: _____ Grade: _____

Student lives with: Both Parents Mother Father Each, part time Other

Send mail to: Both Parents Mother only Father only

NEW STUDENTS ONLY: Please indicate any previous Jewish Education:

School: _____ **Years:** _____ **City:** _____

STUDENT MEDICAL INFORMATION

Is your child taking any medication? No Yes (please list) _____

Does your child have any allergies? No Yes (please list) _____

Other facts to which a physician should be alerted: _____

In case of injury or illness while your child is at school, every effort will be made to contact the parent or emergency contact. The following instructions will remain in force unless revoked by the parent/guardian in writing.

*** If the injury is minor, give my child first aid Yes No

*** If illness or injury is serious and the parent cannot be reached, please contact our personal physician or dentist Yes No

THE FOLLOWING INFORMATION IS SOLELY FOR THE PURPOSE OF HELPING US BETTER SERVE YOUR CHILD. IT WILL BE HELD IN STRICTEST CONFIDENCE AND IS FOR SCHOOL USE ONLY.

List any special needs. (i.e. learning disabilities, behavioral problems, IEP, 504, etc.)

WHAT SHOULD WE KNOW ABOUT YOUR CHILD TO ENSURE A SUCCESSFUL LEARNING EXPERIENCE? _____
