

**Temple Emanu El Religious School Registration 2008-2009 / 5768-5769**

**FAMILY INFORMATION (Pages 1-2)**

**PRIMARY RESIDENCE:**

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_

**Please check here if any of your contact information has changed since last year.**

**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: \_\_\_\_\_

**RELIGIOUS SCHOOL FEES:**

**Kindergarten:** # Students x \$245 = \_\_\_\_\_

**Grades 1 - 2:** # Students x \$275 = \_\_\_\_\_

**Grades 3 - 6 (2 times/week):** # Students x \$445 = \_\_\_\_\_

**\*Parent/Child Hebrew Strand** (Grade 3 only) # Students x \$500 = \_\_\_\_\_

**Grade 7:** # Students x \$390 = \_\_\_\_\_

**Grades 8-12:** # Students x \$315 = \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**PARENTAL PERMISSION**

**CHOIR - GRADES 4 - 7**

Please enroll \_\_\_\_\_ in choir, which meets from 9-9:25 am on Religious School mornings.

**HEBREW – GRADES 3 – 6**

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

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ Don't care \_\_\_\_\_

**\*Grade 3 Hebrew Alternative** – 3<sup>rd</sup> 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** from 10:55-11:45am. (additional time will be determined - no midweek class - more intensive class with homework – different fee).  
\_\_\_\_\_ check here if interested.

**HIGH SCHOOL PROGRAM OPTION**

**GRADES 9 - 12**

\_\_\_\_\_ Please enroll my child in the *Hadrachah* Program (Sundays: 8:45-11:45 am) IN ADDITION to the Monday High School requirement. Name of student(s) \_\_\_\_\_

**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.

\_\_\_\_\_  
(Signature) (Date)

**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.

\_\_\_\_\_  
(Signature) (Date)

**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 \_\_\_\_\_ I would NOT like my child's picture used.

\_\_\_\_\_  
(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.

- |  |   |
|--|---|
| _____ Classroom Helper                                   | _____ Substitute (grades: _____)                                    |
| _____ Room Parent (call parents for school cancellation) | _____ Assist with special events/field trips                        |
| _____ Assist with Family Education Programming           | _____ Community Time Parent Helper<br>(serving snack to grades K-7) |

**STUDENT INFORMATION** (please complete one sheet for each student)

Full Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Please Circle: Female      Male      Student E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Secular school as of September 2008: \_\_\_\_\_ 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.)

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

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