**RELIGIOUS SCHOOL 2017-2018/5777-5778**

 **Registration Form**

 **(Due April 10, 2017)**



**PLEASE CHECK IF YOU HAVE A NEW address phone #’s, work cell home E-mail**

|  |
| --- |
| **STUDENT INFORMATION** |
|  |  |  |  |  |
| Child 1 First/Last Name  |  | Date of Birth | Sex M/F |
|  |  |  |
| Hebrew Name |  | Child Lives With |
|  |  |  |  |  |  |  |
| Entering Religious Grade |  | Entering Hebrew Grade |  | Special Needs |  | Medication |
|  |  |  |
|  |
|  |  |  |  |  |
| Child 2 First/Last Name |  | Date of Birth | Sex/M/F |
|  |  |  |
| Hebrew Name |  | Child Lives With |
|  |  |  |  |  |  |  |
| Entering Religious Grade |  | Entering Hebrew Grade |  | Special Needs |  | Medication |
|  |
|  |  |  |  |  |
| Child 3 First/Last Name |  | Date of Birth | Sex/M/F |
|  |  |  |
| Hebrew Name |  | Child Lives With |
|  |  |  |  |  |  |  |
| Entering Religious Grade |  | Entering Hebrew Grade |  | Special Needs |  | Medication |
| **PARENT/GUARDIAN INFORMATION** |
|  |  |  |
| Parent 1 First/Last Name |  | Parent 2 First/Last Name |
|  |  |  |  |  |  |  |
| Home Phone |  | Work Phone |  | Home Phone |  | Work Phone |
|  |  |  |  |  |  |  |
| Cell Phone |  | email |  | Cell Phone |  | email |
|  |  |  |
| Address |  | Address |
|  |  |  |
| City, ST ZIP Code |  | City, ST ZIP Code |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Custodial Agreement: N/A  |  | Sole/Name Dual |
|  |  |  |  |  |  |  |
| Restraining Order Yes/No |  | If yes, please attach copy) |  | If parent separated, do both parents wish to be kept informed? |
| If Not, who is to be kept informed: |
| \_\_\_\_\_\_\_\_\_\_**EMERGENCY MEDICAL RELEASE**: I hereby authorize the Religious School staff and volunteers to make medical emergency contacts regarding my child (ren) should the need arise. The following individuals are required to show proper identification at time of pick-up |
|  |  |  |
| Emergency: Name |  | Phone No. Relationship to Child |
|  |  |  |
| Emergency: Name |  | Phone No. Relationship to Child |
|  |  |  |
| Family Physician |  | Phone No. Name and Address of Practice |

List (2) people (other than child’s parents) authorized to pick up the enrolled child(ren) at Religious School. They are required to show proper identification at time of pick-up. For your child’s safety he/she will not be released from school to any individual other than those listed above.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  | Phone No. Relationship to Child |
|  |  |  |
|  Name |  | Phone No. Relationship to Child |

**VOLUNTEER OPPORTUNITIES**

**We strive to offer the best after-school Jewish program and in order to succeed, we need additional help.**

**Please type Yes or No for any of the following volunteer opportunities that interest you:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   |  |  |  |  |  |  |
| Class Service Lunch/Class Service Dinner  |  | Yes No |
|  |  |  |  |  |  |  |
| Fundraising (proceeds to school)  |  | Yes No |
|  |  |  |  |  |  |  |
| Grade level Programs  |  | Yes No |
|  |  |  |  |  |  |  |
| Parent Advisory Group (SC) every other month  |  | Yes No |
|  |  |  |  |  |  |  |
| Youth Group  |  | Yes No |
|  |  |  |  |  |  |  |
| Room Parent  |  | Yes No |

**SHARED INFORMATION/CONSENT FORM**

**PARENT/GUARDIAN CONSENT- I have read and agree to the following terms:**

* The Temple Sinai Religious School has my permission to photograph and videotape my child/ren in presentation of educational activities, and to reproduce and use the images in advertising, publications or presentation of educational programs unless notified in writing by the parent/guardian.
* I understand the addresses, phone numbers, telephones and e-mails of parents and/or students may be distributed to other students’ families at the school’s discretion unless otherwise notified in writing by the parent/guardian.
* I understand that students must remain on Temple Sinai grounds from the time they arrive through their scheduled educational program unless they are part of an authorized, chaperoned activity. I give permission for my child/ren to leave the grounds to participate in educational programs, under the supervision of the program staff

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Parent/Guardian |  |  Date |