



PLEASE CIRCLE 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
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