

TEMPLE BETH-EL RELIGIOUS SCHOOL/HEBREW SCHOOL REGISTRATION FORM—2018-2019

(Please make changes, corrections, or additions to the information below. Please type or print legibly!)

Student's First Name	Student's Middle Name	Student's Last Name	Student's Nickname	Student's Hebrew Name	
Street address		City/State/Zip Code	Home phone	Student's cell phone	
Birthdate	Age	Gender	Name of Secular School child attends in 2018-2019	Secular Grade	Student's email address

I am enrolling my child in the following classes:

Religious School Grade: _____ **Mid-week Hebrew Level (Grades 3-6):** _____ **Mid-week Hebrew day/location:** _____
 (Alef, Bet, Gimel, Dalet, Transitional) (Tuesday/Jewish Community Campus or Wednesday/Temple)

Parent 1: _____

Title, First and Last Name	Home Phone (if different from student's)	Cell Phone	Work Phone
Street Address (if different from student's)	City/State/Zip Code	Email Address (please print legibly)	

Parent 2: _____

Title, First and Last Name	Home Phone (if different from student's)	Cell Phone	Work Phone
Street Address (if different from student's)	City/State/Zip Code	Email Address (please print legibly)	

With whom does child reside? _____ **Who is responsible for payment of school fees?** _____

EMERGENCY CONTACT (other than parent)

Contact #1 Name/Phone/Relationship	Contact #2 Name/Phone/Relationship	Contact #3 Name/Phone/Relationship
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PHYSICIAN'S NAME: _____ **PHYSICIAN'S PHONE NUMBER:** _____

INSURANCE CARRIER: _____

Carrier/Plan Name: _____ Group/Policy # _____ Claims/Phone Authorization # _____

I understand and agree that in case of an emergency or injury to the above enrolled child, such action will be taken and medical treatment administered as deemed necessary by the school or its employees. I hereby release the school, its employees and agents from any claim or liability with respect to the same. I give the school such authorization that permits any person or hospital to provide such treatment to my child as may be advisable in the circumstances, and this shall be sufficient authority for doing so.

Parent's Signature _____ **Date:** _____

Student's Name _____

Grade _____

TEMPLE BETH-EL RELIGIOUS/HEBREW SCHOOL-- LEARNING NEEDS PROFILE 2018-2019

We strive to create a positive learning experience for all of our students. In order for us to achieve this goal, it is helpful to understand your child's specific learning style. Please complete this profile and return it with your registration forms to the Education Office. In addition, we welcome the opportunity to meet with you (and your child) to assure the best learning environment possible at Temple Beth-El Religious School.

1. Does your child have any special needs that would affect his/her choice of seating location? Please explain.

Vision Speech Hearing Distractibility Other: _____

2. Have you or your child's secular school identified your child as having any special learning needs? If your child receives any individualized modifications or attends special classes in his/her school, please describe or attach a copy of modification sheet. Having complete information will help us provide similar modifications when possible.

ADHD Dyslexia Dysgraphia Gifted/Talented Speech Social Skills Special Education services

3. Are there any chronic or specific health concerns of which we should be aware? (i.e. seizures, asthma, diabetes, migraines, etc.)

No Yes – Please identify: _____

Does your child have allergies to any of the following? If yes, please identify:

Food _____ Medications _____

Insects _____ Other _____

Please give instructions in the event that you are unavailable in case of an emergency. _____

Please list any medications taken on a regular basis: _____

4. Have there been any **major changes** in your child's life situation (such as a birth or death in the family, a family moving, divorce, etc.)? yes no

If yes, please explain. _____

5a. Does your child visit a parent out of the area on a regular basis which affects attendance? _____

5b. Are there any other factors which might affect Sunday and/or midweek attendance? _____

6. Cultivating Jewish friendships is an important part of the Religious School experience; therefore, we honor friendship requests to the extent that we can. Much time and thoughtful consideration are given to creating classes in a way that supports existing friendships while encouraging new ones, while maintaining balance in numbers, gender, and secular schools attended. Please ask your child if there is a friend with whom he/she would like to be placed and write the name below. ***Please note that once class assignments are completed, we will not make changes to accommodate friendships requests that are not made at the time of registration, or later than August 1, 2018.***

I request that my child be placed with _____

Parent's Signature _____ Date: _____

TEMPLE BETH-EL RELIGIOUS/HEBREW SCHOOL RELEASE 2018-2019

Student: _____
 First Name Last Name

Grade: _____

MEDIA RELEASE: (please initial) *I give permission for my child's photos or student products to be:*

(a) printed in the Temple Bulletin and included in parent email updates _____ YES _____ NO

(b) posted on the Temple Beth-El website or social media _____ YES _____ NO

(c) identified by first name in social media or on the Temple's website _____ YES _____ NO

DIRECTORY RELEASE: (please initial) *I give permission for Temple Beth-El to share with my child's class the following:*

(a) parent(s) cell phone numbers _____ YES _____ NO

(b) parent(s) email addresses _____ YES _____ NO

(c) family zip code (for carpool purposes) _____ YES _____ NO

Parent's Signature _____

Date: _____