



Temple Beth Shalom Hebrew School Registration Form 2011-2012

Please fill out this form (one per student) as accurately as possible.
Fill in each blank space - all requested information is extremely important.

Student Information

Last Name _____ First Name _____

Hebrew Name _____ Gender M F Date of Birth ____/____/____

Address _____

Street City State & Zip

Phone () _____ Grade in 2011 _____

Family Information

Parent/Guardian 1 (Complete parts that are different from above)

Name (First, Last) _____

Address _____

Street City State & Zip

Phone (Home) () _____ Phone (Work) () _____

Phone (Cell) () _____ Phone (Fax) () _____

E-Mail Address _____ Frequently Checked? Y N

Parent/Guardian 2 (Complete parts that are different from above)

Name (First, Last) _____

Address _____

Street City State & Zip

Phone (Home) () _____ Phone (Work) () _____

Phone (Cell) () _____ Phone (Fax) () _____

E-Mail Address _____ Frequently Checked? Y N

Class Enrollment

Number of Years in TBS Religious School _____ Years in Other Religious School _____

I am enrolling my child in:

Mishpachah	Gesher (1)	Aleph (3)	Gimmel (5)	Hay (7)	
Gan (K)	Mechinah (2)	Bet (4)	Dalet (6)	Post-Hay	



Medical Information

Please inform us of any allergies and/or medical conditions that may impact your child during school hours:

Medications:

Doctor (Name & Phone)

May we contact Doctor if necessary? Y N

In the event of an emergency, do you give us your permission to call an ambulance? Y N

Emergency Contact #1 _____ Phone # _____

Emergency Contact #2 _____ Phone # _____

Photo Release

Temple Beth Shalom periodically publishes pictures in our local newspapers or other publications. We are asking that each family sign this release to allow us to submit any pictures for publication.

I give permission for Temple Beth Shalom to submit any pictures that may have been taken of my child for publication

General Learning Profile

Please note that confidentiality will be respected at all times!

Does your child have any type of special learning need? Y N

Does he/she receive any special services for secular school, such as special education classes, resource room pull-out program, or other services? If so, please explain.

Is there anything else you would like us to know about your child (subjects that he/she particularly likes or dislikes, special interests or hobbies, areas of strength or weakness, significant changes in school or at home that your child has experiences in the past year, etc.)?

This health history is correct to the best of my knowledge and the student herein described has permission to engage in all activities. I give permission to the physician or hospital selected by a representative of Temple Beth Shalom Religious School to hospitalize, secure emergency treatment in case of an accident, or provide routine treatment for common conditions such as colds, infections and minor injuries. This authorization does not cover elective surgery or elective hospital treatment.

Signature of Parent/Guardian _____ Date _____

Health Insurance Company _____ Policy # _____