

# Temple Beth Torah Religious School Registration

## For School Year September 2024 – May 2025

### STUDENT INFORMATION (One registration form per child)

Last Name	First Name	
Hebrew Name	Nickname	
Date of Birth	Age	Grade
Gender	School	

### PARENT INFORMATION

Parent/Guardian	Parent/Guardian
Address	Address
City/State/Zip	City/State/Zip
Cell Phone	Cell Phone
Home Phone	Home Phone
Work Phone	Work Phone
Email	Email
Besides parent/guardian, authorized to drop-off/pick-up	
If divorced, custodial parent or guardian	
Anyone who cannot exercise custody	

### RELIGIOUS SCHOOL BACKGROUND

Previous Religious School	
1 <sup>st</sup> Year in Religious School	Has your child been consecrated? Yes/No
Years in Jewish Studies	Years in Hebrew Studies
Special Learning Situations	
Please let us know if there is any information the Religious School should have to meet your child's needs.	

### EMERGENCY INFORMATION

Please provide two emergency contacts in case we cannot reach a parent/guardian	
Emergency Contact 1	Emergency Contact 2
Name	Name
Relationship	Relationship
Cell Phone	Cell Phone

### MEDICAL INFORMATION

Allergies	Medical Conditions
Emergency medications and dosing instructions	

### INSURANCE INFORMATION

Please provide insurance information in case emergency medical service is required.	
Name of Policy	Policy #
Policy Name Holder	
Preferred Hospital, if possible	