

TEMPLE BETH TORAH RELIGIOUS SCHOOL REGISTRATION

FOR SCHOOL YEAR SEPTEMBER 2022 – MAY 2023

STUDENT INFORMATION (ONE REGISTRATION FORM PER CHILD)

| | |
|---------------------|------------------------|
| LAST NAME _____ | FIRST NAME _____ |
| HEBREW NAME _____ | NICKNAME _____ |
| DATE OF BIRTH _____ | AGE _____ GENDER _____ |
| GRADE _____ | PUBLIC SCHOOL _____ |

PARENT INFORMATION

| | |
|---|-----------------------|
| PARENT/GUARDIAN _____ | PARENT/GUARDIAN _____ |
| ADDRESS _____ | ADDRESS _____ |
| CITY/STATE/ZIP _____ | CITY/STATE/ZIP _____ |
| HOME PHONE _____ | HOME PHONE _____ |
| WORK PHONE _____ | WORK PHONE _____ |
| CELL PHONE _____ | CELL PHONE _____ |
| EMAIL ADDRESS _____ | EMAIL ADDRESS _____ |
| If divorced, custodial parent or guardian _____ | |
| Anyone who cannot exercise custody _____ | |

RELIGIOUS SCHOOL BACKGROUND

PREVIOUS RELIGIOUS SCHOOL _____

FIRST 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 teacher should have to meet your child's needs. You may prefer to talk privately with the Vice President. If so, please indicate as this registration form will be shared with the teacher. You may also write on the back.

HEALTH INFORMATION

| | |
|-------------------------|--------------------------|
| ALLERGIES _____ | MEDICAL CONDITIONS _____ |
| INSURANCE CARRIER _____ | GROUP/PLAN # _____ |
| MEMBER NAME/ID _____ | |

EMERGENCY INFORMATION

| | |
|------------------|--------------------|
| NAME _____ | RELATIONSHIP _____ |
| HOME PHONE _____ | CELL PHONE _____ |