

TEMPLE BETH TORAH RELIGIOUS SCHOOL REGISTRATION

FOR SCHOOL YEAR SEPTEMBER 2023 – MAY 2024

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 _____