

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 st 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	