



RELIGIOUS SCHOOL Registration Form

2023-2024/5783-5784

PLEASE CIRCLE IF YOU HAVE A NEW address , phone #s: work / cell/ home , E-mail

STUDENT INFORMATION			
Child 1 First/Last Name		Date of Birth	Sex M/F
Hebrew Name		Child Lives With	
Entering Religious Grade	Entering Hebrew Grade	Food Allergies	
Special Needs		Medications	

Child 2 First/Last Name		Date of Birth	Sex M/F
Hebrew Name		Child Lives With	
Entering Religious Grade	Entering Hebrew Grade	Food Allergies	
Special Needs		Medications	

Child 3 First/Last Name		Date of Birth	Sex M/F
Hebrew Name		Child Lives With	
Entering Religious Grade	Entering Hebrew Grade	Food Allergies	
Special Needs		Medication	

PARENT/GUARDIAN INFORMATION			
Parent 1 First/Last Name		Parent 2 First/Last Name	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone	email	Cell Phone	email
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

Custodial Agreement: N/A	Sole/Name	Dual
Restraining Order Yes/No	If yes, please attach copy)	If parent separated, do both parents wish to be kept informed?
If Not, who is to be kept informed:		

EMERGENCY MEDICAL RELEASE: I hereby authorize the Religious School staff and volunteers to make medical emergency contacts regarding my child(ren) should the need arise. The following individuals are required to show proper identification at time of pick-up.		
Emergency: Name	Phone No.	Relationship to Child
Emergency: Name	Phone No.	Relationship to Child
Family Physician	Phone No.	Name and Address of Practice

List (2) people (other than child's parents) authorized to pick up the enrolled child(ren) at Religious School. They are required to show proper identification at time of pick-up. For your child's safety he/she will not be released from school to any individual other than those listed above.

Name	Phone No.	Relationship to Child
Name	Phone No.	Relationship to Child

VOLUNTEER OPPORTUNITIES

**We strive to offer the best after-school Jewish program and in order to succeed, we need additional help.
Please type Yes or No for any of the following volunteer opportunities that interest you:**

Class Service Lunch/Class Service Dinner	Yes	No
Fundraising (proceeds to school)	Yes	No
Grade level Programs	Yes	No
Parent Advisory Group (SC) every other month	Yes	No
Youth Group	Yes	No
Room Parent	Yes	No

SHARED INFORMATION/CONSENT FORM

PARENT/GUARDIAN CONSENT- I have read and agree to the following terms:

- The Temple Sinai Religious School has my permission to photograph and videotape my child/ren in presentation of educational activities, and to reproduce and use the images in advertising, publications or presentation of educational programs unless notified in writing by the parent/guardian.
- I understand the addresses, phone numbers, telephones and e-mails of parents and/or students may be distributed to other students' families at the school's discretion unless otherwise notified in writing by the parent/guardian.
- I understand that students must remain on Temple Sinai grounds from the time they arrive through their scheduled educational program unless they are part of an authorized, chaperoned activity. I give permission for my child/ren to leave the grounds to participate in educational programs, under the supervision of the program staff

Parent/Guardian	Date
X	