

TEMPLE ISRAEL HEBREW SCHOOL REGISTRATION School Year _____

Parent's Name _____

Parent's Name _____

Address _____

Address _____

Phone _____

Phone _____

Email _____

Email _____

Please check boxes for which holiday celebration each parent would like to help. Indicate if Hebrew School communication should go to one parent or more than one, and which method is preferred.

Parent will help: Sukkot Chanukah Purim

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Other skills parents can offer: _____

Emergency Contact _____ Phone _____ Relationship _____

STUDENT 1

Name _____ Age _____ Grade in school _____

Hebrew name _____ Birthdate _____

STUDENT 2

Name _____ Age _____ Grade in school _____

Hebrew name _____ Birthdate _____

Describe your children's best style of learning, special needs, special interests & your goals for their learning.

Do you have a child aged 1-5? _____

MEDICAL RELEASE

I give the Temple Israel staff permission to authorize emergency medical treatment for my child(ren)

Name(s) _____

This permission is given with the understanding that the school will, if possible, attempt to reach me prior to any actions. I authorize the school to administer first aid on-site, if necessary. I agree to be responsible for the costs of any medical care so delivered.

Signature _____ Date _____

Health Insurance Company _____

Policy Number _____ Group Number _____

Primary Care Doctor _____ Phone _____

Please describe any medical issues we should know about, such as allergies, sensitivity to stings, etc.

PHOTO RELEASE

Temple Israel may use my child(ren)'s photos in publications or display for any purpose which may include advertising and promotion to serve the interests of the Temple.

Permission given _____ Do not permit _____

Signature _____ Date _____

EDUCATIONAL FIELD TRIP WAIVER

My child(ren) has/have permission to go on educational field trips sponsored by Temple Israel, for which I will receive written and verbal notification. I understand that travel will be by bus or private car and will be accompanied by staff and parents. I release Temple Israel from all responsibility for injury during supervised activities.

Name(s) of children _____

Signature _____ Date _____

GRANDPARENTS' LETTER

Please give us names and addresses of grandparent who would appreciate receiving a letter inviting them to contribute to the Hebrew School Activity Fund or Scholarship Fund.

Please send me a membership form