

# TEMPLE ISRAEL HEBREW SCHOOL REGISTRATION School Year \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

*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    Parent will help:  Sukkot  Chanukah  Purim

Other skills parent can offer:

\_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_

## STUDENT 1

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_

Jewish name \_\_\_\_\_ Birthdate \_\_\_\_\_

## STUDENT 2

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_

Jewish name \_\_\_\_\_ Birthdate \_\_\_\_\_

## STUDENT 3

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school \_\_\_\_\_

Jewish name \_\_\_\_\_ Birthdate \_\_\_\_\_

Information about 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.

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## 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.

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Please send me a membership form