

TEMPLE BETH SHALOM RELIGIOUS SCHOOL

Student Registration Form

Academic Year 5777/5778 • 2017-2018

Please complete all areas of the form. You must complete a separate form for each child.
Please PRINT

STUDENT INFORMATION

Name _____ Hebrew Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Date of Birth _____ School Grade _____

ALLERGIES AND SPECIAL INFORMATION

Please provide additional information that our teachers should know about your child, including allergies and/or other medical conditions as well as learning needs. Please indicate matters that may affect attendance. _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian _____ Custodial Parent Y N

Home Address _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work Phone (____) _____ Cell (____) _____

Primary email for Religious School matters _____

PERSONS PERMITTED TO PICK UP CHILD FROM SCHOOL

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone: Home (____) _____ Work Phone (____) _____ Cell (____) _____

AUTHORIZATION TO PROVIDE EMERGENCY CARE

The school has my permission in an emergency in which I cannot be contacted to take my child to the emergency room of the nearest hospital. The hospital and its staff have my authority to provide treatment necessary for the well-being of my child. I understand that the Temple Beth Shalom Religious School staff will obtain care for my child and I will be notified. I understand that the financial responsibility for such care belongs to me as a parent/legal guardian.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Insurance Carrier and ID# _____