

**TEMPLE SINAI SCHOOL OF JEWISH LIFE & LEARNING  
REGISTRATION FORM 2018-19**

DATE: \_\_\_\_\_

- **Choices per Grade:**
  - **Sprouts:** Sunday, 10:00-12:00
  - **K – 2<sup>nd</sup>:** Sunday, 9:30-12:00
  - **3<sup>rd</sup> and 6<sup>th</sup> grade:** Sunday, 9:30-12:00 **and** Wednesday, 4:30-6:00
  - **7<sup>th</sup> Grade:** Sunday, 9:30-12:00 **and** Sunday 12:00-2:00 **or** Wednesday, 4:30-6:00
- **New students (3<sup>rd</sup> -7<sup>th</sup> grade):** Please indicate if attended any Religious School previously: Yes  No
- **Please mark your child’s “placement” with a  $\checkmark$**

Name (First, MI, Last)	Grade	Sun. 9:30-12:00	Sun. 12:00-2:00	Wed.	Secular School	Birth Date
		$\checkmark$				
		$\checkmark$				
		$\checkmark$				
		$\checkmark$				

**(OPTING OUT) Please Note:** For our School of Jewish Life & Learning **Directory**, please mark (X) the provided box  
If you **DO NOT** wish to have your phone #  and/or address  or email address  included.

**PARENT INFORMATION:**

Parent #1: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

(which is your primary contact #?) W/H/C \_\_\_\_\_

Parent #2: \_\_\_\_\_

Work Phone # \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone # (if different): \_\_\_\_\_

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

(which is your primary contact #?) W/H/C \_\_\_\_\_

**If parents live apart, do you want mailings regarding your child sent to both parents?** Yes  No

**Email?** Yes  No  Additional notes:



Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Student’s Physician: \_\_\_\_\_

\*Phone # (Please include this information!) \_\_\_\_\_