

**TEMPLE SINAI SCHOOL OF JEWISH LIFE & LEARNING
POST BAR/BAT MITZVAH PROGRAMS
REGISTRATION FORM
2018-19**

**Please use this form if you do not have a child/children in Sprouts - 7th Grade.
Otherwise, please use the form provided in the K-7**

DATE: _____

Name (First, MI, Last)	Eighth Grade (√)	Ninth Grade (√)	Tenth Grade (√)	Bogrim (√)

(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. **Please indicate if you would like to receive a printed Directory here: yes / no.**

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 #: _____
 _____ 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

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If we cannot reach you during an emergency situation, who should we contact?

Name: _____ Phone # _____
 Student's Physician: _____ Phone # _____

If your child is not picked up after school, who should we call?

Name: _____ Phone #: _____