Educate your child
Educate a generation

Ahavath Torah Rabbi Gerson
and
Temple Beth Emunah
South Area Religious School
Registration 2021/2022

Your child will:

- Read and understand Hebrew
- Explore Jewish Holidays
- Bar and Bat Mitzvah preparation
- Learn Jewish history
- Enjoy time with our staff
- Create Jewish themed crafts
- Discover the beauty of our heritage
- Become a leader in learning Synagogue skills to understand and participate in Services

Contact Rabbi Andrea Gouze
Rabbigouze@templebethemunah.org
508-583-5810 ext 2

Ahavath Torah Congregation
Contact Madeleine Lewis
lewis.madeleine@gmail.com
781-344-8733

1179 Central Street, Stoughton, MA 02072
Inspiring Jewish Pride and Identity for our Jewish children
Rabbi Gerson South Area and Temple Beth Emunah
South Area Religious School
Student Registration Form 2021 / 2022

To our new friends, welcome, and to our returning students, welcome back! It is time to register for Religious School! Please provide the information as requested below.

Student’s Name: ____________________________

Hebrew Name: ____________________________

Public School Grade (as of 09/2018) ____________________________

Date of Birth: ____________________________

Parent 1 Name: ____________________________

Hebrew Name: ____________________________

Telephone: ____________________________

Home Cell

Email: ____________________________

Parent 2 Name: ____________________________

Hebrew Name: ____________________________

Telephone: ____________________________

Home Cell

Email: ____________________________

Address: ____________________________

Please provide other children living at home:

Name: ____________________________ D.O.B: _______ Grade: _______

Please provide two responsible adults to care for your child if necessary:

Name: ____________________________ Phone No.: ____________________

Name: ____________________________ Phone No.: ____________________

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Please provide Medical Information

Pediatrician: ___________________________ Phone No.: ___________________________

Orthodontist: ___________________________ Phone No.: ___________________________

It is essential for our Religious School to have the following information to serve your child.
This information is held to the strictest confidence and for office use only.
Physical Disabilities (i.e. allergies, Asthma, Epilepsy, glasses, heart issues, hearing issues, etc.).

________________________________________________________________________

________________________________________________________________________

Learning Disabilities and emotional problems (please specify is child served by Chapter 766).

________________________________________________________________________

________________________________________________________________________

Please check one of the following:

I allow my child to be photographed

I DO NOT want my child to be photographed

________________________________________________________________________

This is an application for the registration of my child to the Rabbi Gerson and Temple Beth Emunah South Area Religious School.
It is our understanding that this is merely an application and registration is not completed until the Financial Secretary of Ahavati Congregation or Temple Beth Emunah has certified that all financial requirements of the Congregation has been satisfied.

I hereby authorize Ahavati Torah Congregation and Temple Beth Emunah to contact my child's Pediatrician, in the event I cannot be reached and such a call is necessary. Should the Pediatrician not be reached, I authorize the contact to another physician or Emergency Services.

________________________________________________________________________

Signature of Parent or Guardian Date

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