

# 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

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Contact Madeleine Lewis

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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:**

\_\_\_\_\_ Last First M.I.

Hebrew Name:

\_\_\_\_\_

Public School Grade (as of 09/2018)

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

**Parent 1 Name:**

\_\_\_\_\_ Last First M.I.

Hebrew Name:

\_\_\_\_\_

Telephone:

\_\_\_\_\_ Home Cell

Email:

\_\_\_\_\_

**Parent 2 Name:**

\_\_\_\_\_ Last First M.I.

Hebrew Name:

\_\_\_\_\_

Telephone:

\_\_\_\_\_ Home Cell

Email:

\_\_\_\_\_

Address:

\_\_\_\_\_

**Please provide other children living at home:**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

# Rabbi Gerson and Temple Beth Emunah South Area Religious School Student Registration Form 2021 / 2022

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 if 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 Ahavath Congregation or Temple Beth Emunah has certified that all financial requirements of the Congregation have been satisfied.

I hereby authorize Ahavah 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