



RELIGIOUS SCHOOL REGISTRATION
2018-2019 SCHOOL YEAR

Parent/Guardian 1

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

With who(m) do(es) the child(ren) primarily live? _____

What other religions are practiced in your home? In your child(ren)'s extended family?

Do your children have any prior religious school experience, where and how many years?

Trimester of Family Track selected:

Trimester 1____ Trimester 2____ Trimester 3____ Opting Out____

Emergency Contact

Name: _____

Relationship to Student(s): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Doctor Information

Name: _____

Phone: _____

I give Temple Sholom permission to publish in print, electronic, or video format the likeness or image of my child, including social media. I release all claims against the Temple with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Signature: _____

Date: _____

RELIGIOUS SCHOOL REGISTRATION
2018-2019 SCHOOL YEAR

Child 1

Name: _____

Hebrew Name: _____

Date of Birth: _____

Grade in 2018/2019: _____

Email (8th grade or up): _____

Cell Phone (8th grade or up): _____

Would you like your child to receive text messages about Religious School or JU? _____

May we correspond with your teenager (13 or older) through Facebook? _____

Does your child have any allergies we should be aware of? Please list.

Does your child have any special needs (learning-related or otherwise) that we should be aware of? Please explain and consider providing a copy of his or her IEP or 504 plan, if applicable.

Would you be willing to provide authorization for someone from the Temple religious school to contact your child's school teacher to discuss best practices related to classroom supports and accommodations? Yes: ____ No: ____ If yes, please provide the teacher's name and contact information: _____

Does your child take any prescription medication(s) (e.g., anti-depressant, anti-seizure, anti-anxiety, mood stabilizer, etc)? If so, please explain how the medication helps him or her.

Is there any other information that you feel we should know in order to meet your child's needs?

RELIGIOUS SCHOOL REGISTRATION
2018-2019 SCHOOL YEAR

Child 2

Name: _____

Hebrew Name: _____

Date of Birth: _____

Grade in 2018/2019: _____

Email (8th grade or up): _____

Cell Phone (8th grade or up): _____

Would you like your child to receive text messages about Religious School or JU? _____

May we correspond with your teenager (13 or older) through Facebook? _____

Does your child have any allergies we should be aware of? Please list.

Does your child have any special needs (learning-related or otherwise) that we should be aware of? Please explain and consider providing a copy of his or her IEP or 504 plan, if applicable.

Would you be willing to provide authorization for someone from the Temple religious school to contact your child's school teacher to discuss best practices related to classroom supports and accommodations? Yes: ____ No: ____ If yes, please provide the teacher's name and contact information: _____

Does your child take any prescription medication(s) (e.g., anti-depressant, anti-seizure, anti-anxiety, mood stabilizer, etc)? If so, please explain how the medication helps him or her.

Is there any other information that you feel we should know in order to meet your child's needs?

RELIGIOUS SCHOOL REGISTRATION
2018-2019 SCHOOL YEAR

Child 3

Name: _____

Hebrew Name: _____

Date of Birth: _____

Grade in 2018/2019: _____

Email (8th grade or up): _____

Cell Phone (8th grade or up): _____

Would you like your child to receive text messages about Religious School or JU? _____

May we correspond with your teenager (13 or older) through Facebook? _____

Does your child have any allergies we should be aware of? Please list.

Does your child have any special needs (learning-related or otherwise) that we should be aware of? Please explain and consider providing a copy of his or her IEP or 504 plan, if applicable.

Would you be willing to provide authorization for someone from the Temple religious school to contact your child's school teacher to discuss best practices related to classroom supports and accommodations? Yes: ____ No: ____ If yes, please provide the teacher's name and contact information: _____

Does your child take any prescription medication(s) (e.g., anti-depressant, anti-seizure, anti-anxiety, mood stabilizer, etc)? If so, please explain how the medication helps him or her.

Is there any other information that you feel we should know in order to meet your child's needs?
