

TEMPLE BETH SHOLOM STUDENT DEMOGRAPHIC FORM

Child/ren		
• Child 1 •		
last	first	Hebrew name
date of birth		grade/name of secular school
• Child 2 •		
last	first	Hebrew name
date of birth		grade/name of secular school
• Child 3 •		
last	first	Hebrew name
date of birth		grade/name of secular school
address		
city	state	zip
guardian 1 cell phone		guardian 2 cell phone

Please note that pursuant to SB 277, all TBS students are required to have received age-appropriate immunizations to attend our programs. Please provide us with information regarding your student's medical information.

allergies medications

If your child needs to have medications in our office, such as an Epi-Pen, you will need to bring it to us with the full prescription information and the name and contact number of the prescribing physician.

Please provide us with any additional helpful information you would like to share about your child/ren.

Responsible Parties		
Child/ren lives with <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> other		
• Guardian 1 name		
last	first	Hebrew Name
email		
address/phone same as child/ren?		<input type="checkbox"/> yes <input type="checkbox"/> no
if no, address		
occupation		
• Guardian 2 name		
last	first	Hebrew Name
email		
address/phone same as child/ren?		<input type="checkbox"/> yes <input type="checkbox"/> no
if no, address		
occupation		

Emergency Contact and Authorized Pick Up		
Contact must be other than parent(s)		
• Name of Contact <input type="checkbox"/> emergency <input type="checkbox"/> pick-up		
last	first	
relationship to child/ren		
phone 1	phone 2	
• Name of Contact <input type="checkbox"/> emergency <input type="checkbox"/> pick-up		
last	first	
relationship to child/ren		
phone 1	phone 2	
Please provide us with an out-of-area emergency contact for your student (in case of earthquake, etc.).		
full name		phone number

signature relationship date