

## Temple Beth Am Religious School Student Information 2023-24

*New members please send in as early as possible!*

One signed form for each child to be enrolled should be sent together with membership application/renewal.

Student's LAST Name	Student's First Name	Date of Birth	M/F/O	Grade 9/23	School District

**Emergency Contact/Permission to Pick up** In the event of an emergency, we will try first to contact parent(s), so please do ***not*** enter your own name(s). If one parent is not a member, list their contact information below if appropriate. If you have more than one child, contact names must be the same for each child in the family. If already listed on first child's form check here ☐ and skip the first two lines below.

<i>list someone other than yourselves</i>	name	phone(s)	Relationship
emergency/pickup contact for family			
additional emergency/pickup contact			
current allergies (list here)			
allergy severity – check all that apply. You <b>must</b> bring in any checked medications along with administration instructions by the first day of school.			
<input type="checkbox"/> mild (no medication provided to school) <input type="checkbox"/> not severe: may need Benadryl or _____. Medication and instructions provided to school <input type="checkbox"/> severe – epipen/auvi-q and instructions provided to school. <input type="checkbox"/> my child may not eat or drink anything other than food sent by us or water and _____ juice(s) <input type="checkbox"/> my child knows what s/he may eat or drink and may eat food provided by school			
current medications:			
If your child has any physical, medical, learning, social or behavioral needs that we should be aware of, please enter them here. It is helpful for us to know what strategies work for behavior and learning in a classroom setting. We appreciate this information and will keep it confidential. If your child has an IEP or 504 Plan at school, please consider sharing it with us so that we can meet their needs. Attach separate sheet if needed.			
Would you like us to contact you to arrange a confidential meeting to discuss any areas of concern prior to the start of the religious school year?    yes      no      best contact # or email:			

In an emergency, the Religious School has my permission to contact “911” and request the assistance of a rescue squad. The Religious School and the rescue squad have my permission to take my child to the emergency room of the nearest hospital. The rescue squad, hospital and its staff have my authorization to provide treatment necessary for the well-being of my child .

Temple Beth Am may photograph my child for anonymous (unlabeled) use in publicity, publications and/or website unless I have notified the Temple otherwise.

My child and I have read and discussed the Code of Conduct (on our website) and agree to abide by its terms.

My child and I agree to follow all current Covid regulations required by Temple Beth Am

**Signature of Parent**

**Date**

mail one form for **each** child in school together with the entire Membership packet to Temple office

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