

Temple Beth Am Religious School Student Information 2019-20 due 7/15/19

New members please send in as early as possible!

One signed form for each child in grades K-12 required by 7/15/19 along with the entire Membership packet (Temple membership forms must be sent in at same time for school info to be processed).

We do not need any forms from your pediatrician - please do not send!

| Student's LAST Name | Student's First Name | Date of Birth | M/F/O | Grade 9/19 | School District |
|---------------------|----------------------|---------------|-------|------------|-----------------|
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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 **must** bring in any checked medications along with administration instructions by the first day of school.

() mild (no medication provided to school)

() not severe: may need Benadryl or _____. Medication and instructions provided to school

() severe – epipen/auvi-q and instructions provided to school.

() my child may not eat or drink anything other than food sent by us or water and _____ juice(s)

() 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.

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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:

We will try to place your child with **up to two** friends, since we believe that being with friends allows children to experience meaningful Jewish community. We cannot guarantee that large groups can be kept together. All Religious School and Membership forms **must be received by 7/15/19** in order for placement requests to be considered. Please enter *no more than two* names of children to try to place with your child.

first and last name of child 1: _____ first and last name of child 2: _____

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.

Signature of Parent

Date

mail one form for **each** child in school together with the entire Membership packet to Temple office by 7/15/19

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