

# TEMPLE BETH EL RELIGIOUS SCHOOL STUDENT REGISTRATION FORM 2020-2021

Student's Last Name \_\_\_\_\_

## **Student Information:**

(Please print)

\_\_\_\_\_ (ben/bat/m'beit) \_\_\_\_\_  
Last Name First Name Childs Hebrew Name  
Birth Date Secular School District 2020-2021 Grade

## **Family Contact Information:**

Parent Name \_\_\_\_\_  
Parent Hebrew Name (if applicable) \_\_\_\_\_ (ben/bat/m'beit) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Parent Hebrew Name (if applicable) \_\_\_\_\_ (ben/bat/m'beit) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Information will be sent to parents via e-mail. If you have more than one e-mail account, where do you want information sent? (Please check both or just put one name in)

E-mails sent to: Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_ Both \_\_\_\_\_

## **Emergency Contacts (Other than parents):**

1. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Alternate Phone \_\_\_\_\_

In the event of an emergency, every effort will be made to contact the parents. Please provide additional emergency contacts if a parent is unreachable.

In case of emergency, do you give your permission to the school staff to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment?

Yes  No Parent's Initials \_\_\_\_\_

## **Medical Information:**

Physician's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Current medical diagnoses/conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

## **MEDICAL INSURANCE INFORMATION:**

Insurance Co. Name: \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_ Policy Holder \_\_\_\_\_

**Religious School Handbook:**

I have read and understood the material stated in the Religious School Handbook located at tbede.org under the religious school tab. **Parent’s Initials** \_\_\_\_\_

**Learning Accommodations:**

Yes No Does your student benefit from learning accommodations in other educational settings. If your student has an **IEP** or **504 plans**, **please provide us with a copy so we can meet his/her needs.**

**Field Trips:** My child has permission to go on educational field trips sponsored by the TBE Religious School. I understand that I will be notified of these trips in advance. Children will travel by bus or private car and will be accompanied by staff and school parents. I release TBE from all responsibility during supervised activities.

**Parent’s Initials** \_\_\_\_\_

**Substance Abuse:** I understand that no smoking, alcohol or drugs other than those prescribed by a licensed physician will be permitted during school or on field trips. If my child is caught in possession of or using cigarettes, alcohol and/or drugs, I will be notified. If I am able to pick up my child, I will do so immediately. If not, my child will be sent home at my expense with an adult supervisor.

**Parent’s Initials** \_\_\_\_\_

**Unacceptable Behavior:** The Religious School aims to provide a comfortable and safe space for all students and staff. If my child exhibits aggressive behavior, consistently disrupts the class or makes disparaging remarks towards staff or other students, the teacher and/or School Administrator will (A) reprimand the student. If this behavior continues, we will (B) Call the parents, (C) Have a parent conference, and or (D) Request a parent to sit in 3 classes to observe.

**Parent’s Initials** \_\_\_\_\_

**\*Parent Participation:**

Each family is **required** to volunteer 10 hours in the TBE Kitchen for Oneg/Kiddush. These hours equate to volunteering for 2 Friday nights and 2 Saturday mornings. You will receive an e-mail notification to sign up for specific dates. ***These requirements will be amended as necessary while the synagogue is closed for in-person gatherings.***

***\*\*\*All parents are required to help with their assigned class Shabbat dinner or Kiddush lunch. (Pre-K, 1 & 2 helps Aleph and Bet, they help Gimmel/Dalet, that class helps Hai, Hai helps Confirmation & Confirmation helps Pre-K, 1 & 2)***

In addition, please volunteer for at least one of the following activities below:

- Parent Coordinator (“homeroom parent”)
- Fundraising
- Substitute Teaching
- Other Holiday Celebrations (Hanukkah, Sukkot, Simchat Torah, Passover)
- Baking/Cooking
- Purim
- Mitzvah Day
- Chaperone field trips

**Photo Release Form**

- I give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)
- I **DO NOT** give permission for my child’s photograph or video image to be published in any form of media, via print or electronic (e.g. video, internet, synagogue web site)

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date