

Please be sure to fill out a registration form for EACH student.

Additional forms can be downloaded at tbde.org or stop by the office.

TEMPLE BETH EL RELIGIOUS SCHOOL STUDENT REGISTRATION FORM 2021-2022

Student's Last Name _____

Student Information:

(Please print)

_____	_____	_____ (ben/bat) _____
Last Name	First Name	Childs Hebrew Name
_____	_____	_____
Birth Date	Secular School or District	2021-2022 Grade

Family Contact Information:

Parent Name _____		
Parent Hebrew Name _____ (ben/bat) _____		
Street Address _____		City _____ Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____ E-Mail _____
Parent Name _____		
Parent Hebrew Name _____ (ben/bat) _____		
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 _____

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 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.

******All parents are required to help with their assigned class Shabbat dinner or Kiddush lunch. (B'raysheit & Yeladim help Aleph and Bet, Aleph/Bet helps Gimmel, Gimmel helps Dalet and Hai, Dalet/Hai help Confirmation & Confirmation helps B'rayshei & Yeladim)***

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Parent Coordinator ("homeroom parent") | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Substitute Teaching |
| <input type="checkbox"/> Other Holiday Celebrations
(Hanukkah, Sukkot, Simchat Torah, Passover) | <input type="checkbox"/> Baking/Cooking | <input type="checkbox"/> Purim |
| | <input type="checkbox"/> Mitzvah Day | <input type="checkbox"/> 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