

Temple Emeth Religious School
1666 Windsor Road
Teaneck, NJ 07666

Registration Form
2020-2021/5780-81

Student Information

Name _____ Date of Birth _____
 Hebrew Name _____ Secular Grade as of Sept. '20 _____
 Gr 6-7 Student Email _____
 Gr 6 -7 Student cell # _____ Religious School Grade as of Sept. '20 _____

Parent(s)/Guardian(s) Information: Please print clearly

Parent / Guardian Name(s): (1) _____ (2) _____

Parent / Guardian Status: Married ___ Divorced ___ Widowed ___ Single ___
 Student Lives with: Both ___ Parent 1 ___ Parent 2 ___ Shared custody ___

	Parent / Guardian 1	Parent / Guardian 2
Home Address		
Home Phone		
Cell phone		
Work Phone		
Email		

Child's siblings: Name _____ Age _____ Birth date _____
 Name _____ Age _____ Birth date _____

(List additional siblings on back if required. Check here if such information is provided: ___)

Temple Emeth Religious School is for children who are being brought up exclusively in the Jewish faith and not receiving other formal religious instruction. If your child is receiving non-Jewish religious instruction, please explain. _____

Has the child previously attended another religious school? Yes ___ No ___

Congregation _____ Grades _____

Are you a member of Temple Emeth? Yes ___ No ___

If you are a member of another congregation/community center, please identify: _____

_____ **Initial here to opt-in to receive text messages regarding Religious School/Temple events**

Cell #(s) _____

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Medical Form 2020 -2021/5780-81

Student's Name: _____ **Grade:** _____ **DOB:** _____

Please list any factors concerning your child's development or background of which we should be aware? (visual, hearing or physical problems; pre-existing conditions; special learning and/or perception needs; current medications and dosage/frequency; **ALLERGIES** with signs of allergic reactions and necessary actions, and everything else.

All such information will be kept confidential.

 (Attach extra pages as needed.)

PARENT AND/OR GUARDIAN NAME(S) AND EMERGENCY CONTACT PHONE NUMBERS:

Student's doctor: _____ **Phone:** _____
Specialists for ongoing issues (specify): _____

Insurance Company: _____
Phone: _____
Primary Policy Holder: _____ **Group #:** _____
Plan #: _____ **Hospitalization Policy (if different):** _____

AUTHORIZATION FOR EMERGENCY- MEDICAL AND/OR SURGICAL TREATMENT

For the safety of our children sound preparation requires that in the event that a parent or guardian cannot be contacted in case of emergency that the Temple Emeth designee be authorized to act temporarily in place of the parent to obtain swift medical transport, choice of providers, hospital admission and to select among treatment options. My signature below shall give authorization on behalf of both parents.

I/We _____ and _____,
 parent(s) or guardian(s) of _____, hereby

authorize _____ (Temple Emeth designee) to make all necessary decisions as to medical transport, choice of providers, hospital admissions and selection of treatment options for my child after first contacting me or one of us directly or with use of the emergency contacts This authorization shall remain in place until I or one of us can assume the responsibility and all medical findings and records are to be shared with that person until I or one of us directs otherwise.

SIGNATURE _____ **DATE:** _____

<u>EMERGENCY CONTACTS</u>	<u>Relation to student</u>	<u>Cell Phone</u>	<u>Home Phone</u>
Name			
Name			

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PICK-UP AUTHORIZATION & PARENT PARTICIPATION 2020-2021/5781

Child's Name _____ Grade _____

Who is authorized to pick up your child after school? Please complete for **every** child.

Your child will not be released to anyone other than listed here with the exception stated below..

Name _____ relationship _____ Phone _____

Name _____ relationship _____ Phone _____

Name _____ relationship _____ Phone _____

Name _____ relationship _____ Phone _____

I understand that, if someone other than the above will be picking up my child after school, I must send a signed note to school that day AND phone the school office to authorize pick-up.

Parent's Signature _____ Today's Date _____

Parent Participation 2020-2021

You are our VIP's - Very Important Partners. You are the link between school and home. For a successful educational process, this partnership must be strong and cohesive. By working together, we acknowledge that families and teachers value Jewish education and serve as strong role models for our children in their journey.

Yes, I am available to be a partner in the religious school. *Please print.*

NAME: _____

Home phone: _____ Cell phone: _____ E-mail address: _____

Come and learn with us! Please check area(s) in which you might be interested:

- Religious School Parent Learning Religious School Committee
 Help to coordinate tzedakah and mitzvah opportunities and projects.
 Event Volunteer - set-up/ clean-up at Shabbat Dinners, Holiday Celebrations
 Other talents and experiences to share (for example, Jewish storyteller, photographer
folk dancer, musician, singer, artist, craftsperson, cook, unique Jewish experiences to relate, etc.
 Jewish Heritage Art

Thank you in advance for helping to make our school a special, unique and holy place.

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(201)833-8466

Educational Student Profile Information

2020-2021/5781

Name of Student _____

Religious School Grade _____ Secular grade as of September 2020 _____

Name of Parent _____ Phone _____

Please note that all information provided will be held in strict confidence. It is important that we know your child's strengths and weaknesses so that we can provide a high quality, educational experience that strives to meet your child's needs. Information will be shared with your child's classroom teacher only as necessary.

Thank you for checking below all that apply to your child:

- | | |
|--|--|
| <input type="checkbox"/> has an IEP | <input type="checkbox"/> dyslexia |
| <input type="checkbox"/> has a GIEP | <input type="checkbox"/> problems with comprehension |
| <input type="checkbox"/> wears glasses/contact lenses | <input type="checkbox"/> overactive |
| <input type="checkbox"/> difficulty copying from board | <input type="checkbox"/> difficulty with visual perception |
| <input type="checkbox"/> reads below grade level | <input type="checkbox"/> difficulty understanding instructions |
| <input type="checkbox"/> reads above grade level | <input type="checkbox"/> easily upset |
| <input type="checkbox"/> has difficulty hearing | <input type="checkbox"/> lacks organizational skills |
| <input type="checkbox"/> has emotional challenges | <input type="checkbox"/> has difficulty writing |

Special talents or skills: _____

Please have the Educational Director contact me to discuss this information. Yes ___
Best number to call _____ Best time _____

We will contact the Educational Director to share other information. _____

Parent Signature _____ Date _____

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Parent / Guardian General Permissions, Authorizations and Release 2020-21

STUDENT NAME:

1. OFF-SITE ACTIVITIES and TRANSPORTATION

In the event my child will participate in activities away from the Temple itself, I hereby acknowledge that s/he may be walking, traveling by bus or car with another parent, faculty or staff member or volunteer and may also engage in sports or games on or off campus and hereby give my permission.

_____ **Initial if agreed**

2. HEALTH & SAFETY REQUIREMENTS

I hereby acknowledge and agree that I and my child will abide by all mask requirements, social distancing and other instructions or directions given to us.

_____ **Initial if agreed**

3. PHOTOGRAPHY AND RELEASE

I hereby give permission for my child to be photographed while attending classes or other school or Temple activities both on and off campus. In conjunction with such activities, I give permission for resulting photographs and videos to be displayed in the Temple, used in advertising, published on the Temple website and social media or in the Temple bulletin and those of other institutions with which the activity is affiliated and on related websites and in the press. I understand that no financial consideration or remuneration shall be paid for such usages and I hereby release Temple Emeth and its employees and/or agents from any misuse of such images.

_____ **Initial if agreed**

_____ **I decline to allow my child's picture to be taken by Temple Emeth, Emeth Teen Community or Temple Emeth Religious School**

4. MEDICAL AUTHORIZATION

In the event my child requires medical evaluation or care and I cannot be reached, I hereby authorize the Temple Emeth representative to obtain emergency care and select medical transporters and providers to give such services as are warranted on an emergency basis. The Temple Emeth representative shall be empowered to make arrangements and to contact me or the named contact below if I cannot be reached for directions as to any ongoing course of confinement and medical or surgical treatment or absence thereof. The Temple Emeth representative shall not be barred by COBRA or medical privacy privileges from reviewing records and being involved in evaluation and treatment discussions and may authorize patient discharge until I or my designee takes over. I hereby authorize medical transporters and providers to treat my child consistent with these directions.

LIST ALLERGIES:

_____ **Initial if agreed**

Parent Contact Phone:

Email:

Additional Emergency Contact Name & Phone:

The undersigned hereby authorizes Temple Emeth and its authorized assigned adults to supervise all sponsored activities at the Temple or off-site locations. In particular, I do hereby permit my son/daughter _____ to participate in said undertaking by assuming full responsibility for my child's welfare and specifically releasing the Congregation, event staff and associates of any liability.

I _____ hereby sign this document on behalf of my child and
(print name) agree to the provisions initialed above.

Date: / / 2020

Parent/Student/School Expectations
2020-2021/5781

**“Where there is no Torah, there is no proper conduct; where
there is no proper conduct, there is no Torah”**

Pirkei Avot.....Ethics of the Fathers

Child's Name _____ Grade _____ Date _____

THIS IS WHAT THE PARENT CAN EXPECT OF THE SCHOOL:

- 1) Each child is valued as a unique member of our Jewish community.
- 2) Our school will endeavor to instill in each child pride in their Jewish identity.
- 3) Our school will provide a safe and accepting emotional and physical environment.
- 4) Each child will be able to participate in tfilah/services and will be prepared for his/her Bar/Bat Mitzvah to the full extent of their ability.
- 5) We will have a close interaction with the Rabbi and Cantor.
- 6) We will inspire Jewish literacy, Jewish cultural identity and spirituality.
- 7) We will abide by all local/state/national health and safety requirements and precautions.

THIS IS WHAT THE CHILD CAN EXPECT OF THE SCHOOL:

- 1) Our school will instruct each child in the beliefs and traditions of Reform Judaism, and help them appreciate their Jewish identity.
- 2) Each child will be treated with respect and appreciated for their individualism by every member of the staff.
- 3) Each child will be educated to be a Jew in the world, with a strong connection to Jewish ritual.
- 4) Our committed teachers will provide an intellectually stimulating and creative environment.

THIS IS WHAT THE SCHOOL CAN EXPECT OF THE CHILD:

- 1) Each child will show respect for their teachers, the other children and the staff.
- 2) Each child will show they recognize the importance of learning by being on time, prepared and doing their work to the best of their ability.
- 3) Each child will dress and act appropriately both while at Temple Emeth or in virtual classes.
- 4) Every student, all staff/volunteers will abide by mask requirements, social distancing and any other health and safety instructions.

THIS IS WHAT THE SCHOOL CAN EXPECT OF THE PARENT:

- 1) Parents are a recognized component of the school community. We welcome their input and participation in all aspects of our school. Involvement of our family is our top priority.
- 2) Parents will support each child's attendance at school and services, and ensure that they are prepared for school and that homework and projects are done on time.
- 3) Parents will be on time bringing their children and picking them up. They will follow the safe driving instructions in the parking lot.
- 4) Every student, parent, all staff/volunteers will abide by mask requirements, social distancing and any other health and safety instructions.

Parent's Signature

Student's Signature

Date