

TEMPLE BETH EL
2009-2010 STUDENT REGISTRATION
Http://www.tbede.org/docs/StudentForm.pdf

Student Information:
(Please print)

_____	_____	_____	_____
Last Name	First Name	MI	Hebrew Name
_____	_____	_____	
Birth Date	Secular School	Grade for 2009-10	

Family Contact Information:

1st Parent's Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

2nd Parent's Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-Mail _____

Information will be sent to parents via e-mail or regular mail. If you have more than one e-mail account or street address, where do you want information sent?

E-mails sent to:	1 st parent _____	2 nd parent _____	Both _____
Regular mail sent to:	1 st parent _____	2 nd parent _____	Both _____

Emergency Contacts (Other than parents):

1. Name _____	Home Phone _____
Relationship _____	Alternate Phone _____
2. Name _____	Home Phone _____
Relationship _____	Alternate Phone _____

Medical Information:

Physician's Name _____ Phone: _____

Dentist's Name _____ Phone: _____

Current medical diagnoses/conditions: _____

Medications: _____ Allergies: _____

We want to provide an appropriate learning environment for all our students, and we are committed to working with you for the benefit of your child and his/her Jewish education. Please offer any information about your child that might affect classroom learning or behavior (ie. ADHD, Dyslexia, learning difficulties).

Medical Insurance Information:

Insurance Co. Name: _____

Policy # _____

Group # _____

Policy Holder _____

Emergency Information: In case of minor illness or injury of my child at school, I give the school staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child’s physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child.

Parent’s Signature _____ Date _____

Field Trips: My child have 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 care and will be accompanied by staff and school parents. I release TBE from all responsibility during supervised activities.

Parent’s Signature _____ Date _____

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 Signature _____ Date _____

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 director 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 Signature _____ Date _____

Parent Participation:

There are occasions throughout the Religious School year when parent participation is greatly valued. Parents are always welcomed as volunteers at Temple Beth El Religious School.

Please volunteer for at least one of the volunteer activities below:

- Parent Coordinator (“homeroom parent”)
- Fundraisers
- Holiday Celebrations (Sukkot, Simchat Torah, Passover)
- Substitute Teaching
- Seder Shel Shabbat (Shopping, Cooking, Prep, Clean up)
- Other Ideas

Please indicate any volunteer concerns or limitations that you have: _____

