

# Temple Adath Yeshurun Religious School 2018-2019 Registration Form

Sundays 9:00-12:00 at Temple Adath Yeshurun for Grades PreK-7

## CHILD'S INFORMATION (only one child per form please)

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ E-mail Address \_\_\_\_\_

Child's Address \_\_\_\_\_

Secular School \_\_\_\_\_ Grade \_\_\_\_\_

Sibling Names/Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## PARENT CONTACT INFORMATION

Parent/Guardian 1's Name \_\_\_\_\_ Parent/Guardian 1's Hebrew Name \_\_\_\_\_

Parent/Guardian 1's Home Phone \_\_\_\_\_

Parent/Guardian 1's Address (if different from child's) \_\_\_\_\_

Parent/Guardian 1's Work Phone \_\_\_\_\_ Parent/Guardian 1's Cell Phone \_\_\_\_\_

Parent/Guardian 1's E-mail Address \_\_\_\_\_

Parent/Guardian 2's Name \_\_\_\_\_ Parent/Guardian 2's Hebrew Name \_\_\_\_\_

Parent/Guardian 2's Home Phone \_\_\_\_\_

Parent/Guardian 2's Address (if different from child's) \_\_\_\_\_

Parent/Guardian 2's Work Phone \_\_\_\_\_ Parent/Guardian 2's Cell Phone \_\_\_\_\_

Parent/Guardian 2's E-mail Address \_\_\_\_\_

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Child lives with: \_\_\_\_\_

Please indicate child's previous religious education / participation (list where and for how many years):

Hebrew School / Day School: \_\_\_\_\_ Years \_\_\_\_\_

Jewish Camp: \_\_\_\_\_ Years \_\_\_\_\_

Jewish Youth Group: \_\_\_\_\_ Years \_\_\_\_\_

Is there anything special that we should know about your child with regard to:

Special learning needs/situations? Does your child have an IEP or 504 Plan? If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Health concerns (including allergies, medications, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other concerns: \_\_\_\_\_  
\_\_\_\_\_

In case school needs to be closed during the day for any reason, what is the best phone number at which to reach you?

Phone \_\_\_\_\_ Can We Text You? Y N

In case of emergency, please list two people we can contact *if parent or guardian is NOT accessible*:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Tuition: A \$75 fee per child is required with this form. The amount will be deducted from your tuition bill.

- (Please check one)      Members
- Grades K - 1      (Sunday Only)      \$250 \_\_\_\_\_
- Grade 3 - 7      (Sun. & Wed.)      \$375 \_\_\_\_\_ (for TAY members – includes fee for SCHS)

The Temple Adath Yeshurun Religious School is committed to make it possible for every child to attend whose family wishes him or her to receive a religious education here. Thus we have a policy to offer special consideration for pressing financial circumstances. Furthermore, the Religious School works in close cooperation with the membership committee of Temple Adath Yeshurun; together we work to make it possible and feasible for families to become members of Temple Adath Yeshurun.

Photo Release

I hereby give permission for pictures of my child, \_\_\_\_\_, to be used in Temple Adath Yeshurun publicity including the Temple Bulletin, newsletters and the Jewish Observer.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I hereby give permission for pictures of my child, \_\_\_\_\_, to be used on the Temple Adath Yeshurun website. No names will be used for pictures on the website.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Field Trip Permission:

I hereby give permission for my child, \_\_\_\_\_, (grade \_\_\_\_\_), to participate under supervision in educational and/or recreational trips during the period of the school year 2017-2018. Such permission will remain in force until the expiry of such period unless terminated by me by express notice in writing to the principal of the above school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Note:

Parents will still be informed of the nature and detail of each excursion before the date of the trip. However, unless the school receives written notice to the contrary, the student will participate in the excursion.

Directory:

If you **do not** want your name, address and phone number and email published on a class list, please check the box below.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_