

Temple Beth Shalom
2009-2010 RELIGIOUS SCHOOL LEARNING OPPORTUNITIES
REGISTRATION FORM FOR CHILDREN & FAMILIES
Please complete one registration form per family.

FAMILY/ ADULT INFORMATION

FAMILY NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

CITY, ZIP: _____

PARENT/ADULT #1 NAME: _____ WORK PHONE: () _____

OCCUPATION: _____ Email: _____

PARENT/ADULT #2 NAME: _____ WORK PHONE: () _____

OCCUPATION: _____ Email: _____

We communicate with families primarily through email. Please list the email address(es) you would like on our school/class lists:

EMAIL (REQUIRED): _____ EMAIL (OPTIONAL): _____

IN CASE OF EMERGENCY

<u>PARENT /ADULT # 1</u>	<u>PARENT/ADULT # 2</u>
CELL: () _____	CELL: () _____
HOME: () _____	HOME: () _____

EMERGENCY CONTACT (other than parents)

NAME: _____	CELL: () _____
RELATIONSHIP: _____	HOME: () _____
	WORK: () _____
NAME: _____	CELL: () _____
RELATIONSHIP: _____	HOME: () _____
	WORK: () _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian, I hereby give consent to TEMPLE BETH SHOLOM to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child(ren):

PRINT CHILD NAME(S): _____

This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependents.

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

PRINT PARENT/GUARDIAN NAME

Please complete both sides of this form.

PROGRAM CHOICES

For program descriptions visit the TBS Religious School website at www.tbsoc.com/education/curriculum.html

Student Name(s):	Birthday MM/DD/YY	Entering Grade 09/2009	RS School Grades K-6	Family Learning Circle Grades K-6	Hebrew Connection Grades 3-6 Tutor at Home	Hebrew Connection Grades 3-6 Tutor at Temple	Grade 7 RS & ATID	Grade 8 ATID	Grade 9 Adat Noar	Grade 10 Confirmation	Grades 11-12 Post Confirmation	Grade 8 Madrichim Training Program	Grades 9 -12 Madrichim Program
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Learning Circle Adult Education/Activity Track and Hebrew Connection, information will be sent when it is available in the fall.

<p>If new to TBS, has/have your child(ren) had any previous religious training?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, where?:</p>	<p>Does/Do child(ren) reside with both parents simultaneously?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - <i>Please send communications to an additional address/email address:</i></p>
<p><i>Is there anything about your child(ren) you would like us to know?</i></p> <p><i>Does your family have any special requests we might try to meet?</i></p>	

FOR OFFICE USE ONLY:

Name	Returning	Prior Year		New	Current Year			Date Received:	Date Entered:	Date Billed:
		RSC	HSC		RSC	HSC	SC			
1.	<input type="checkbox"/>			<input type="checkbox"/>						
2.	<input type="checkbox"/>			<input type="checkbox"/>						
3.	<input type="checkbox"/>			<input type="checkbox"/>						
4.	<input type="checkbox"/>			<input type="checkbox"/>						
5.	<input type="checkbox"/>			<input type="checkbox"/>						