

The Samuel and Bernice Shapiro
 Religious School of Temple Emanu-El
REGISTRATION FORM 2016-2017 / 5777



Please complete one form per family.

PARENT 1		PARENT 2	
First / Last Name			
Street Address			
City, State, Zip			
Home Phone			
Business Phone			
Cell Phone			
Email Address			

First Child:	Second Child:	Third Child:
Secular school grade as of Sep. 2016:	Secular school grade as of Sep. 2016:	Secular school grade as of Sep. 2016:
School name:	School name:	School name:

By registering, you agree that the above email addresses will be used for Religious School communications and will be added to the Temple's Electronic Communiqué list.

Grade	Session Times	# of Students		Fee Amount	Total
Pre-Kindergarten (age 3 & 4)	Sundays, 9:00-11:30 am		x	\$180	
Kindergarten-2	Sundays, 9:00-11:30 am		x	\$435	
Grades 3-6	Sundays, 9:00-11:30 am AND		x	\$615	
	Tuesdays, 3:15-4:40 pm OR		x	(included above)	
	Tuesdays, 4:50-6:15 pm OR		x	(included above)	
	Wednesdays, 3:15-4:40 pm OR		x	(included above)	
	Thursdays, 3:15-4:40 pm OR		x	(included above)	
	Thursdays, 4:50-6:15 pm		x	(included above)	
7-8 (Pre-Confirmation)	15 selected Tuesdays, 6:15-8:15 pm		x	\$405	
9-10 (Confirmation)	10 selected Sundays, 9:00-10:00 am		x	\$450	
11-12 (Post-Confirmation)	6 selected Sundays, 10:00-11:00 am		x	\$275	

*****PAYMENT FOR RELIGIOUS SCHOOL IS DUE AT TIME OF REGISTRATION*****

Parent's signature _____ Date _____
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Please complete the following information.

MEDICAL INFORMATION		
Please list your child's doctor's information and the names of 2 individuals other than parents to be called in case of illness or emergency:		
Doctor's Name:	Name:	Name:
Telephone:	Telephone:	Telephone:
Cell:	Cell:	Cell:
By completing this form, you are granting permission for Temple Emanu-El Religious School to provide any and all medical treatment of your student deemed necessary by qualified medical personnel until such time as you can be contacted. You are also granting permission to Temple staff to administer first aid and request transportation by ambulance. <i>In an emergency, you must meet your child at the physician's office or hospital.</i> This authorization shall remain in effect through September 2017.		

FOOD ALLERGIES		
Please describe any food allergies of which we should be aware. <u>It is important that we are aware if your child carries an epipen.</u>		
First Child:	Second Child:	Third Child:

HEALTH CONCERNS		
Please describe any other health concerns of which we should be aware. <u>It is important that we are aware of any medication that your child takes on a regular basis.</u>		
First Child:	Second Child:	Third Child:

LEARNING STYLE		
Please describe any learning differences, physical impairments, behavioral or emotional challenges of which we should be aware. <u>It is important that we are aware of special arrangements made in the child's secular school to assist his/her learning.</u>		
First Child:	Second Child:	Third Child:

If you need more space, please continue on a separate piece of paper.

- Please check if you would like a phone call from the Principal/your child's teacher(s) to discuss any of the above.

Parent's signature _____ **Date** _____