

Temple Beth Emeth Religious School Student Registration 2024-2025

STUDENT NAME: _____

Date of Birth	Hebrew Name	Public/Private School your child attends	Grade as of Sept 2024

Student's Home Address _____ **City** _____ **State** ____ **Zip Code** _____

Student's Cell Phone Number _____ **May we contact them directly?** _____

Will you be a NEW member of TBE as of September 2024? Yes No

Is this the first year your student will be attending for our school? Yes No

Parent/Guardian #1 Name _____ **Email** _____

Phone Home (____) - ____ - ____ **Cell** (____) - ____ - ____ **Work** (____) - ____ - ____

Please contact me to volunteer or help out as needed Y / N

Parent/Guardian #2 Name _____ **Email** _____

Phone Home (____) - ____ - ____ **Cell** (____) - ____ - ____ **Work** (____) - ____ - ____

Please contact me to volunteer or help out as needed Y / N

If parents are divorced or separated, please complete the section below:

Noncustodial Parent's Name _____ **Address** _____

Is this parent authorized to remove your child from the temple grounds? _____

Should all mailings go to both parents? Y/N

Siblings, Age and Grade _____

Emergency contacts

In case of an emergency involving illness or injury and we are unavailable, the following individuals are authorized to care for and/or transport my child.

Name _____ **Phone #** _____ **Relationship to Child** _____

Name _____ **Phone #** _____ **Relationship to Child** _____

Name _____ **Phone #** _____ **Relationship to Child** _____

Dismissal

The following individuals are authorized transport my child. (Photo ID required)

Name _____ **Relationship to Child** _____

Name _____ **Relationship to Child** _____

Name _____ **Relationship to Child** _____

STUDENT: _____

Health Information

Physician's Name: _____ **Phone Number:** _____
Insurance Company: _____ **ID#:** _____ **Policy #** _____

Medical Concerns, Activity Restrictions, Current Medications & Dosages: _____

Dietary Needs: K kosher _____ Vegetarian _____ Gluten-free _____ Other (specify) _____

Does your child have any food allergies? Please specify. _____

Educational Profile

Does your child have an IEP? Y / N Does your child have a 504? Y / N

If you answered yes to either of the questions, please attach a copy of the IEP or 504.

Does your child have an aide for any part of the school day? Y / N

Is your child in a resource room or self-contained classroom? Y / N

Does your child have any special learning needs we should be aware of? Y / N

Does your child have any behavioral issues we should be aware of? Y / N

If you answered YES to any of the above questions, please explain below.

Please tell us any information that you believe would be helpful for us to know about your child.

Photo/Digital Media Release

I give permission to Temple Beth Emeth to use any video or photograph, either online or in print, or any video taken of my child and family with respect to any and all events and programs, religious or otherwise, for the purpose of marketing or promoting TBE and its programs. This remains in effect until such permission is terminated in writing.

I have read and agree and consent to all terms and conditions listed above.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Medical Care

I, _____, the parent/guardian of _____
(your name) (name of student)

consent for a designated representative of the TBE Religious School staff to administer first aid for any minor injury or illness. In the event of acute injury or illness, I understand that every effort will be made to contact me and the emergency contacts listed below. If no one can be reached, I authorize a designated representative of the TBE Religious School staff to seek professional emergency medical treatment and/or arrange transportation to a medical institution as advised by the emergency medical personnel onsite.

Parent/Guardian Signature: _____ **Date:** _____