



Dear TBE Community Members,

Welcome back to a new school year!

We hope you and your children had a wonderful and restful summer break. We are all so excited to see our returning students and to welcome the new families joining our community. We have been working hard to prepare engaging and enriching lessons that will inspire your children to connect with their Jewish heritage in meaningful ways. Students will participate in self-paced Hebrew instruction. Our Judaic studies program includes small groups and whole school lessons and projects. We create opportunities for children of all ages and welcome new students!

We offer the following programs:

- Sababa Program: Students entering 1st or 2nd grade
- Alef - Dalet: Students entering grades 3-6
- Hay Class: B'nai Mitzvah Candidates
- Confirmation: Students entering grades 8-9
- Havurah: Students entering grades 10-12

Please complete a registration form by September 1, 2026 and send it, along with your deposit to:

Temple Beth Emeth
Attn: Ellyn Stein
PO Box 409
Mount Sinai, NY 11766

School forms, calendar, and our family handbook can be downloaded from the TBE website. If you have any questions, please contact us at tbemtsinai.religiousschool@gmail.com

Please mark your calendars for our first day of classes:

- September 8 at 4:30PM: Alef-Dalet Parent Orientation, Confirmation & Havurah

A full calendar of events, including holiday celebrations and family programs, can be found on our website.

We are so glad you are a part of our school family, and we look forward to a year filled with learning, growth, and community.

B'Shalom,

Your Temple Beth Emeth Religious School Faculty

Temple Beth Emeth Religious School Student Registration

STUDENT NAME: _____

Date of Birth	Hebrew Name	Public/Private School Your Child Attends	Grade As of Sept

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

Student's Cell Phone Number _____ May we contact them directly ? Y / N

Will you be a NEW member of TBE as of September 2025? Y / N

Is this the first year your student will be attending our school? Y / N

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: Kosher _____ Vegetarian _____ Gluten-free _____ Other (specify) _____

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

Educational Profile

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

If you answered yes, 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: _____