

# Temple Shalom Emeth Religious School Registration 2011– 2012 Grades K - 7

Please complete one form (*both sides*) per family and *print clearly*.

## **Family Information**

Last Name \_\_\_\_\_

Please Print E-Mail address

Address \_\_\_\_\_

Who lives at this address?    \_\_\_Mother \_\_\_Father \_\_\_Both

Is Judaism the only religion practiced at home? \_\_\_Yes \_\_\_No

If no, please explain: \_\_\_\_\_

## **Mother's (guardian) Information**

Name \_\_\_\_\_ (First, Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail (home) \_\_\_\_\_

E-mail (work) \_\_\_\_\_

## **Father's (guardian) Information**

Name \_\_\_\_\_ (First, Last)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail (home) \_\_\_\_\_

E-mail (work) \_\_\_\_\_

## **Emergency Contacts**

Please list below the person(s) whom we should notify in an emergency:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

The following authorization allows the staff of the Religious School to take whatever steps seem necessary to ensure that the well being of your child should a medical emergency occur during the school hours. Every reasonable attempt will be made to contact the parents or other emergency numbers first.

I, \_\_\_\_\_ do hereby authorize Temple Shalom Emeth Religious School to take necessary emergency measures at the Lahey Clinic Medical Center in Burlington, MA, or \_\_\_\_\_ in the treatment of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Carrier Name \_\_\_\_\_ Policy/Medical Number \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please complete both sides of this registration form and return to:**

Religious School Registration, Temple Shalom Emeth, PO Box 216, Burlington, MA 01803

Please complete one Student Information section for each child in your family who will attend religious school or the confirmation and post-confirmation program this coming school year. Do not duplicate information if it is the same as in the Family Information Section (i.e. Last Name).

**Student Information**

Name \_\_\_\_\_

First Middle Last

\_\_\_\_ Male \_\_\_\_ Female Birth date \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Public School grade (Sept. 2011) \_\_\_\_\_ Religious School grade this past year \_\_\_\_\_

Does your child have any special *medical* needs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Student Information**

Name \_\_\_\_\_

First Middle Last

\_\_\_\_ Male \_\_\_\_ Female Birth date \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Public School grade (Sept. 2011) \_\_\_\_\_ Religious School grade this past year \_\_\_\_\_

Does your child have any special *medical* needs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Student Information**

Name \_\_\_\_\_

First Middle Last

\_\_\_\_ Male \_\_\_\_ Female Birth date \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Public School grade (Sept. 2011) \_\_\_\_\_ Religious School grade this past year \_\_\_\_\_

Does your child have any special *medical* needs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Student Information**

Name \_\_\_\_\_

First Middle Last

\_\_\_\_ Male \_\_\_\_ Female Birth date \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Public School grade (Sept. 2011) \_\_\_\_\_ Religious School grade this past year \_\_\_\_\_

Does your child have any special *medical* needs? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_