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**RELIGIOUS SCHOOL STUDENT REGISTRATION FORM**

**2017 – 2018**

***Please fill out both sides of this form and provide a separate form for each student.***

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Male Female

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade in Secular School (Fall 2017) \_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Secular School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (IF DIFFERENT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Interests/Talents**: Anything your child is particularly proud of in this category?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food Allergies/Health**: Does your child have allergies or health concerns of which we should be aware?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications**: Is your child taking any medications regularly? Please explain; list all medications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Needs / Services**: If your child uses or needs special services, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special family situations of which you would like us to be aware? (e.g. family illness,

divorce, remarriage, new birth?) Please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other concerns that you would like to share with us about your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**: In case you cannot be reached.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS SCHOOL SCHEDULE & FEES, 2017-2018**

***Circle the grade your child will enter into and complete the form below.***

**Grades K, 1, and 2:**  **SUNDAY 9:00-11:25 AM**

* **$450 school fee** includes tuition, books and supplies
* **FREE Temple membership if oldest child falls in this category**
* **Families whose oldest child is enrolled in K-2, upon paying for religious school, are considered full members of TBT with all membership privileges.**

**Grades 3, 4, 5 and 6:** **SUNDAY 9:00-11:30 AM & TUESDAY 4:30-6:00 PM**

* **$690** **school fee** includes tuition, books & supplies
* **Temple membership dues required**

**Grade 7: MONDAY 7:00 - 8:30 PM**

* **$625** **school fee** includes tuition, books & supplies
* **Temple membership dues required**

**NOTE FOR GRADES 3 thru 7 only:**

We invite you to list up to 3 children with whom your child would like to be placed, so that he/she will have at least one “friendly face” in his/her class. We will do our best to honor one placement request, keeping in mind that our first priority is a positive learning environment for all, but we do not guarantee that your child will be placed per all three of your requests. We must take into account class sizes, teacher’s recommendation and the children’s individual needs so that we may offer the best Jewish educational learning experience for all of our students.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OR 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grades 8, 9, 10, 11 and 12: MONDAY 7:00 - 8:30 PM**

* **$350 school fee includes tuition, books & supplies**
* **Temple membership dues required**

**Volunteer!** We rely on parents to serve as partners in our school. Your assistance is valuable to make quality Jewish educational programs possible. Please volunteer to help in at least one of the following areas:

\_\_\_\_\_Assist with our Holiday & PTA Programs \_\_\_\_\_Serve on the Education Committee

\_\_\_\_\_Serve as a Class Parent (Gr. K to 6) \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check only the items below where you wish to NOT share your child’s information:**

**Photographs** of the school and children (without names attached) may be used for publicity in brochures, on the website and in other media to inform the community about Temple B’nai Torah’s unique programs, including Religious School & Youth programming and events. **EXCLUDE MY CHILD [ ]**

**Contact information** for you and your child will be included on a class list to be distributed to families in the class and to be used for communication with you by the TBT PTA.  **EXCLUDE MY CHILD [ ]**

Parent Signature (filling this form) Date

***Please return form with your $100 deposit check payable to Temple B’Nai Torah***

If you would like to meet with the Director of Education, to discuss school-related concerns, please call the Religious School office at 516-221-2370 ext 24

THANK YOU AND WE LOOK FORWARD TO SEEING YOU!