



REGISTRATION FORM 2011-2012

Child's Name _____ Home Phone _____
Last First (Mark * if unlisted)

Address _____ Parents' E-Mail _____
Street Town Zip

Hebrew Name _____ Birthdate _____

P. S. Grade September '11 _____ School Name _____

Father Name _____ Mother Name _____

Company Name _____ Company Name _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Weekday Session Preferred (Grades 3 and up): _____ Tuesday _____ Wednesday
**Are you flexible? If needed, can you do the other day? _____ Yes _____ No

In case you cannot be reached, give the name and phone # of another person (local, please!):

Name _____ Telephone # _____

Relationship to Parents _____

Child's Doctor _____ Telephone # _____

Address _____

Does the child suffer from any condition that might limit his/her activities?
_____ Yes _____ No If yes, please explain on reverse side.

Does the child have any allergies to medication?
_____ Yes _____ No If yes, please explain on reverse side.

Does the child have any learning disabilities that may require special attention?
_____ Yes _____ No If yes, please explain on reverse side.

In case none of the above can be reached, or it is imperative to treat the child without delay, I hereby give permission to the school administration to take my child to the nearest hospital for medical treatment.

I **give / do not give** (circle one) permission for my child's likeness to be used for promotional purposes on behalf of the Beth El Temple Religious School. We will not identify any student by name without further parental permission.

Signed (Parent) _____ Date _____

*** Please note that a student is not considered registered for 2011-2012 unless both this form has been submitted to the Religious School office and your "**Membership Renewal Form**" (**back of your July dues bill**) has been returned to the Temple office. For reregistration, please return this form no later than 6/15.