

Members must be current will all Temple financial obligations or be on an approved payment plan before registration will be processed.

**Please complete or correct all sections of the form and return with a current JPEG image of your child. Complete one copy per child.**

<i>Student's First Name</i>	<i>Last Name</i>	<i>Middle Name</i>	<i>Gender</i>
<i>Hebrew Name (if known)</i>		<i>Birth Date</i>	
<i>Address</i>		<i>Secular School and Grade as of Sept.1, 2018</i>	
<i>City, State and Zip Code</i>		<input type="checkbox"/> YES - Enroll my child in Youth Group (KESTY, Kesty J, kesty45, Kesty Alef/Bet) - \$36. Best way to contact your child about events: <input type="checkbox"/> Telephone: _____ <input type="checkbox"/> Email: _____	
<i>Email Address (Grades 2 &amp; Up, for our Online Learning Center)</i>			
Temple Emanuel may NOT use my child's likeness for any publication or publicity. <input type="checkbox"/>			
My child has my permission to attend field trips. I understand these activities will be under the direct supervision of a school faculty member, and that home notification of each field trip will be made prior to the actual date of the trip. <input type="checkbox"/>			
My child has been vaccinated according to the Maryland State Vaccination Schedule <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain			
Sunday K-2nd Grades Sundays 9-11:30 am <input type="checkbox"/>	Sunday and Mid-Week 3 <sup>rd</sup> – 7 <sup>th</sup> Grades Sundays 9-11:30 am Tuesdays 4:45 – 6:00 pm <input type="checkbox"/>	Sunday and Mid-Week 3 <sup>rd</sup> – 7 <sup>th</sup> Grades Sundays 9-11:30 am Thursdays 4:45 – 6:00 pm <input type="checkbox"/>	Upper School 8 <sup>th</sup> -10 <sup>th</sup> Grades Tuesdays 5:30 – 7:30 pm <input type="checkbox"/>
Post Confirmation 11 <sup>th</sup> -12 <sup>th</sup> Grades Monthly, TBD <input type="checkbox"/>			
Parent or Guardian <input type="checkbox"/> Custodial Parent		Parent or Guardian <input type="checkbox"/> Custodial Parent	
<i>Full Name</i>		<i>Full Name</i>	
<i>Home Address, if different from child's</i>		<i>Home Address, if different from child's</i>	
<i>City, State and Zip, if different from child's</i>		<i>City, State and Zip, if different from child's</i>	
<i>Home Phone</i>		<i>Home Phone</i>	
<i>Work Phone</i>		<i>Work Phone</i>	
<i>Cell Phone</i>		<i>Cell Phone</i>	
<i>Email</i>		<i>Email</i>	
<b>If parents are divorced or separated, check the correct boxes below for each parent</b>			
<input type="checkbox"/> Parent/Guardian is a member of Temple Emanuel <input type="checkbox"/> Parent/Guardian should receive school mailings <input type="checkbox"/> Parent/Guardian should be billed for Religious School Tuition		<input type="checkbox"/> Parent/Guardian is a member of Temple Emanuel <input type="checkbox"/> Parent/Guardian should receive school mailings <input type="checkbox"/> Parent/Guardian should be billed for Religious School Tuition	
<i>Emergency Contact Name (in event parent(s) cannot be reached)</i>		<i>Phone</i>	
<i>Emergency Contact Name (in event parent(s) cannot be reached)</i>		<i>Phone</i>	
<i>Child's Physician Name</i>		<i>Phone</i>	
<b>Other Siblings Registered for 2018-2019</b>			
<i>Name &amp; Grade</i>		<i>Name &amp; Grade</i>	
<i>Name &amp; Grade</i>		<i>Name &amp; Grade</i>	

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<i>Student's First Name</i>	<i>Last Name</i>	<i>Middle Name</i>	<i>RS Grade as of Fall 2017</i>
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In case of an emergency, I understand that I will be contacted. However, if I cannot be reached, the Religious School or its representative(s) may authorize medical treatment necessary for the well-being of my child, and I agree to accept responsibility for any fees incurred.

I agree to release, hold harmless and indemnify Temple Emanuel Religious School, its agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence, intentional neglect, or willful or wanton conduct by the school, or its agents, representatives or employees.

<i>Signature</i>	<i>Date</i>
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*List Below any medical or physical conditions your child's supervisors should be aware of. Please note that medication(s) that may have to be dispensed at school MUST be accompanied by a copy of the dosage information from your child's doctor.*

**General Background (i.e. personality, interests, learning styles, and Jewish education background)**

**Special Considerations (i.e. allergies, learning disabilities, IEP, 504, or difficult family situations that may impact school activities)**

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