

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

<b>Please complete or correct all sections of the form and return with a current JPEG image of your child. Complete one copy per child.</b>											
Student's First Name		Last Name		Middle Name		Gender					
Hebrew Name (if known)				Birth Date							
Address				Secular School and Grade as of Sept.1, 2019							
City, State and Zip Code				<input type="checkbox"/> YES - Enroll my child in Youth Group (KESTY, Kesty J, kesty45) - \$36. Best way to contact your child about events: <input type="checkbox"/> Telephone: _____ <input type="checkbox"/> Email: _____							
Email Address (Grades 2 & Up, for our Online Learning Center)											
Temple Emanuel may use my child's likeness for any publication <input type="checkbox"/> , student directory <input type="checkbox"/> , or publicity <input type="checkbox"/> (check all that applies)											
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. Yes <input type="checkbox"/> No <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-2 <sup>nd</sup> Grades <input type="checkbox"/> Sunday 9-11:30am		Option 1: Sunday & Mid-Week Sunday <input type="checkbox"/> 3 <sup>rd</sup> - 6 <sup>th</sup> Grades Sunday 9-11:30am Sunday 11:45am -1:00pm		Option 2: Sunday & Mid-Week Tuesday <input type="checkbox"/> 3 <sup>rd</sup> - 7 <sup>th</sup> Grades Sunday 9-11:30am Tuesday 4:45 - 6:00pm		Option 3: Sunday & Mid-Week Thursday <input type="checkbox"/> 3 <sup>rd</sup> - 7 <sup>th</sup> Grades Sunday 9-11:30am Thursday 4:45 - 6:00pm		Upper School 8 <sup>th</sup> -10 <sup>th</sup> Grades <input type="checkbox"/> Tuesday 5:30 - 7:30pm		Post Confirmation Monthly TBD <input type="checkbox"/>	
<b>Parent or Guardian <input type="checkbox"/> Custodial Parent</b>				<b>Parent or Guardian <input type="checkbox"/> Custodial Parent</b>							
Full Name				Full Name							
Home Address, if different from child's				Home Address, if different from child's							
City, State and Zip, if different from child's				City, State and Zip, if different from child's							
Home Phone				Home Phone							
Work Phone				Work Phone							
Cell Phone				Cell Phone							
Email				Email							
<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							
Emergency Contact Name (in event parent(s) cannot be reached)						Phone					
Emergency Contact Name (in event parent(s) cannot be reached)						Phone					
Child's Physician Name						Phone					
<b>Other Siblings Registered for 2019-2020</b>											
Name & Grade				Name & Grade							
Name & Grade				Name & Grade							

Office Use Only: RCVD  ENTD  BLD  CHKD  PIC  CLASS

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*Complete one copy per child.*

<i>Student's First Name</i>	<i>Last Name</i>	<i>Middle Name</i>	<i>RS Grade as of Fall 2019</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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