

Members must be current with 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 Identity</i>
<i>Hebrew Name (if known)</i>		<i>Birth Date</i>	
<i>Address</i>		<i>Secular School and Grade as of Sept. 1, 2020</i>	
<i>City, State and Zip Code</i>		<input type="checkbox"/> YES - Enroll my child in Youth Group (KESTY, Kesty J, kesty45, kestyAB) - 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>			

**DIRECTIONS FOR COMPLETING REGISTRATION FORM:** The religious school will have two formats during the 2020-2021 academic year: entirely online for all grades in the Fall semester, and a hybrid plan featuring online learning and in-person classes in the Spring semester. During the Spring semester, when in-person classes resume every other week, strict social distancing will be implemented and class sizes will be restricted to no more than ten students in each class. To meet these important guidelines, the religious school will operate a double session on Sunday mornings in the Spring semester. Parents will choose between sessions, but please note that although the synagogue administration will do everything possible to honor your preference, your child might be reassigned if social distancing limitations require a change.

**K-2<sup>nd</sup> Grade Cohort**

Fall Semester – All students attend online classes

Spring Semester – Select either Option #1 (In-person first session) or Option #2 (In-person second session)

**3<sup>rd</sup>–7<sup>th</sup> Grade Cohort**

Fall Semester – Choose between Option #1 (Sunday afternoon Hebrew) or Option #2 (Tuesday afternoon Hebrew)

Spring Semester – Choose between Option #1 (In-person first session and Sunday afternoon Hebrew) or Option #2 (In-person first session and Tuesday afternoon Hebrew) or Option #3 (In-person second session and Tuesday afternoon Hebrew)

**IF YOU ENROLLED YOUR CHILD IN THE SUNDAY AFTERNOON HEBREW OPTION, YOU MUST REGISTER FOR THE FIRST SESSION ON SUNDAY MORNING DURING THE SPRING SEMESTER.**

<b>K-2<sup>nd</sup> Cohort</b> Please Choose Fall and Spring Options	Fall Option 1: <input type="checkbox"/> Sunday 9:00-9:45am	Spring Option 1: <input type="checkbox"/> Alternating Online and In-Person on Sundays Sunday Online 9:30-10:15 am And In-Person First Session 9:00-10:15am	Spring Option 2: <input type="checkbox"/> Alternating Online and In-Person on Sundays Sunday Online 9:30-10:15am And In-Person Second Session 10:45am-Noon	
	Fall Option 1: <input type="checkbox"/> All Classes Online Sunday Morning 10:00-11:15am And Sunday Afternoon Hebrew 11:45am-1:00pm	Fall Option 2: <input type="checkbox"/> All Classes Online Sunday Morning 10:00-11:15am And Tuesday Hebrew 4:45 – 6:00pm	Spring Option 1: <input type="checkbox"/> Alternating Online and In-Person on Sundays Sunday Online 9:30-10:45am And In-Person First Session Sunday 9:00-10:15am And Sunday Afternoon Hebrew Online Noon-1:15pm	Spring Option 2: <input type="checkbox"/> Alternating Online and In Person on Sundays Sunday Online 9:30-10:45am And In-Person First Session Sunday 9:00-10:15am And Tuesday Hebrew Online 4:45 – 6:00pm
<b>8<sup>th</sup>-10<sup>th</sup></b> Cohort Please Choose Fall and Spring Options	Fall Option #1 <input type="checkbox"/> All Classes Online Tuesday Evening 6:00pm – 7:00pm	Spring Option #2 <input type="checkbox"/> All Classes In Person Tuesday 6:00pm – 7:00pm		

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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 _____	
<b>Parent or Guardian <input type="checkbox"/> Custodial Parent</b>	<b>Parent or Guardian <input type="checkbox"/> Custodial Parent</b>
<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>Physician's Name and Address</i>	<i>Phone</i>
<b>Other Siblings Registered for 2020-2021</b>	
<i>Name &amp; Grade</i>	<i>Name &amp; Grade</i>
<i>Name &amp; Grade</i>	<i>Name &amp; Grade</i>
<i>Name &amp; Grade</i>	<i>Name &amp; Grade</i>
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)