

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.					
Student's First Name		Last Name		Middle Name	
				Gender Identity	
Hebrew Name (if known)			Birth Date		
Address			Secular School and Grade as of Sept.1, 2021		
City, State and Zip Code			<input type="checkbox"/> YES - Enroll my child in Youth Group (KESTY, Kesty J, Kesty345) - \$36. Best way to contact your child about events: <input type="checkbox"/> Telephone/Text:: _____ <input type="checkbox"/> Email: _____		
Email Address					
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 nd Grades <input type="checkbox"/> Sunday 9-11:00 am (IN PERSON)	Option 1: <input type="checkbox"/> 3 rd – 7 th Grades Sunday AM and Sunday Afternoon Hebrew Sunday 9-11:00am Sunday 11:15am -1:00pm (ALL CLASSES IN PERSON)	Option 2: <input type="checkbox"/> 3 rd – 7 th Grades Sunday AM (IN PERSON) (9am-11:00am) and Tuesday Afternoon Hebrew ONLINE (4:15pm-6:00pm)	Upper School <input type="checkbox"/> 8 th -10 th Grades Tuesday 6:00 – 7:30pm (IN PERSON)	Post Confirmation <input type="checkbox"/> Monthly TBD	
Parent or Guardian <input type="checkbox"/> Custodial Parent			Parent or Guardian <input type="checkbox"/> Custodial Parent		
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		
If parents are divorced or separated, check the correct boxes below for each parent					
<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	

Office Use Only: RCVD ENTD BLD CHKD PIC CLASS

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<i>Student's First Name</i>	<i>Last Name</i>	<i>Middle Name</i>	<i>RS Grade as of Fall 2021</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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Other Siblings Registered for 2021-2022

<i>Name & Grade</i>	<i>Name & Grade</i>
<i>Name & Grade</i>	<i>Name & Grade</i>

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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