

# TEMPLE BETH SHOLOM RELIGIOUS SCHOOL REGISTRATION 2011-2012

**Family Name:** \_\_\_\_\_ **New to TBS**        **Yes**        **No**       

**Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Elementary School**

**Kindergarten—Gan / First Grade—Mechina Aleph**  
Sunday 9:00am—10:50am

**Special First Grade—Mechina Aleph** (For current KG enrichment students)  
Wednesday 4:15pm—6:15pm

**Second through Sixth Grades—Mechina Bet, Aleph, Bet, Gimel & Dalet**  
Wednesday 4:00pm—6:30pm & Sunday 9:00am-10:50am

**BeST—Bet Sefer Tichon—Hebrew High School**

**Seventh & Eighth Grades—BeST I & II**  
Wednesday 7:00pm—9:00pm & Sunday 11:10am—1:00pm

**Ninth & Tenth Grades—BeST III & IV**  
Tuesday 7:00pm—9:00pm & Sunday 9:00am—10:50am

For more information about Elementary School, contact the Director of Congregational Learning.

For more information about BeST, contact the Director of Teen Education.

## **Student Information**

<b><u>Student's Name</u></b>	<b><u>M/F</u></b>	<b><u>Date of Birth</u></b>	<b><u>Grade in Public School as of 9/2011</u></b>	<b><u>Name of Public School</u></b>

## **Parent Information**

**Mother's Name:** \_\_\_\_\_ **Marr. / Div. / S. / Wid. /Employer:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Marr. / Div. / S. / Wid. /Employer:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*If your email changes please let us know\***

## **Emergency Contact**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **For Non Custodial Parents Only**

**If you would like a copy of the Religious School Information, Please Sign Below**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

In case of emergency I give the Director of Congregational Learning or Director of Teen Education permission to call my doctor or take my child/children to the hospital to receive appropriate emergency treatment. I understand that every attempt to contact me will be made.

**Please check where applicable:**

- Do **NOT** post pictures of my child on the TBS website or in the local papers.
- Often during the year we need parent volunteers. Please check here if we can contact you to help.
- We are interested in bus transportation. Bus transportation will cost \$700.00 per child for the year, and will be provided on the weekdays only.

**Request for Placement**

Several factors go into the placement of students in classes. Please understand that there are no guarantees, but we will do our best to place each child in class with at least one friend.

Please put	In class with the following student's, if possible:	
(Student's Name)	1st Choice	2nd Choice

**The information below is confidential:**

Are there any issues which the school or your students should know about? Please explain:

\_\_\_\_\_

\_\_\_\_\_

Health problems: Example; hearing or visual difficulties, frequent need to use the bathroom, nosebleeds, chronic illness, etc.

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Allergies: Please let us know of any food or other allergies, example; eggs, bees, dairy, etc.

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Medication: Please let us know of any special medications your child is taking.

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Learning problems: Reading, writing, comprehension, organization, speech/language, attention, memory, etc.

**(If possible please send an IEP in a separate envelope to the attention of the Director of Congregational Learning or Director of Teen Education)**

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

Child: \_\_\_\_\_ Describe: \_\_\_\_\_

\_\_\_\_\_/We would like an appointment with the Director of Congregational Learning or Director of Teen Education to further discuss the information on this form.

\_\_\_\_\_ **Parent Signature**

\_\_\_\_\_ **Date**