



# Temple Beth El Torah School Registration 5771/2010-2011

Please complete the following information for **all** children who will attend Torah School



## PARENT 1 Information: Provide information for EACH adult at home

First AND Last Names \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## PARENT 2 Information: (if different from above) FAMILY e-mail \_\_\_\_\_

First AND Last Names \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Do the child(ren) reside with both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No
If not, with whom? _____
If the children do not reside with both parents, should both parents receive school material? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Child	Hebrew Name	M/F	Birthdate	Secular School DISTRICT & School Name	Grade	TBE Grade

**Family Involvement: You make a difference:** (1) in the success of the programs and activities of our Torah School, (2) in your child's Jewish education and (3) in your family life. Let us know how you would like to volunteer by checking all the ways you will help below. **Please indicate WHO in your family can help with each task (PARENT 1 OR PARENT 2).**

<b>P1</b>	<b>P2</b>	<b>Involvement</b>	<b>P1</b>	<b>P2</b>	<b>Involvement</b>	<b>P1</b>	<b>P2</b>	<b>Involvement</b>
__	__	Class Supplies/Goodies	__	__	Board of Education	__	__	Arts & Crafts
__	__	Field Trips	__	__	Book Faire/Library	__	__	Dance
__	__	Fundraisers	__	__	Family Education Programs	__	__	Drama
__	__	Room Parent	__	__	Chanukkah Celebration	__	__	Hebrew Language
__	__	Shabbat Dinner/Shabbaton	__	__	Pesah Celebration	__	__	Music
__	__	Substitute Teacher	__	__	Purim Celebration	__	__	Storytelling
__	__	Telephone Tree	__	__	Tu BiShevat Celebration	__	__	Other (Explain) _____

PLEASE COMPLETE OTHER SIDE → PLEASE COMPLETE OTHER SIDE → PLEASE COMPLETE OTHER SIDE

**Student Needs Survey:** Do any of your children have any of the following conditions?

<input type="checkbox"/> ADD	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Special Learning Needs
<input type="checkbox"/> ADHD	<input type="checkbox"/> Dysgraphia	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Allergies. List all allergies: _____	<input type="checkbox"/> Health Concerns	<input type="checkbox"/> Takes medication daily
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Hearing Impairment, uses hearing aids	List medications _____
<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Visual Impairment, needs glasses to see board, needs glasses to read
<input type="checkbox"/> Color Blindness	<input type="checkbox"/> Oppositional Defiant Disorder	
	<input type="checkbox"/> Physical Challenges	

**If any of the above is checked,** please explain fully, and identify to which of your children each applies.

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Is there anything else that you feel is important for us to know about your child(ren)? \_\_\_\_\_

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**Medications at Temple Beth El**

Does Temple Beth El need to keep any emergency medications stored for your child, such as epi pens or asthma inhalers? Describe which child needs the medication, the medication required, and dosing instructions: \_\_\_\_\_

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**Emergency Information:**

Adult(s) at home (other than parents) during the day

\_\_\_\_\_ Relationship \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

The following people are authorized to pick up my child(ren):

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

The children carpool with the following:

Name	Phone	Day of Week
_____	_____	_____
_____	_____	_____
_____	_____	_____

List anyone who is not legally allowed to remove the child(ren) from school. Please attach any legal documents.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Photo Release**

I hereby grant permission to Temple Beth El to use for any purpose it deems appropriate, images or sound reproductions of my child (or children) captured during any Temple activity, whether through video, photography, audio recording, or any other means. I waive any and all rights, including rights of compensation and ownership, to the aforementioned images and recordings.

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

**Print Parent Name** \_\_\_\_\_

Date \_\_\_\_\_

**Signature of Responsible Parent or Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_