

# SINAI TEMPLE RELIGIOUS SCHOOL REGISTRATION

**2017-2018  
Grades K-10**

Please fill out this form completely (front and back), or it will be returned to you before registration is completed. Thank you in advance.

Student (last, first)	M/F	DOB	Hebrew Name	Grade

Is this the first year this student will attend Sinai Temple Religious School? Yes \_\_\_ No \_\_\_

### Parent/Guardian Information

<b>Parent #1 Name</b>	<b>Parent #2 Name</b>
<b>Street Address:</b>	<b>Street Address:</b>
<b>Town/ Zip:</b>	<b>Town/ Zip:</b>
<b>Home Tel.:</b>	<b>Home Tel:</b>
<b>Work/Cell:</b>	<b>Work/Cell</b>
<b>Email:</b>	<b>Email:</b>

If parents do not reside at the same address, which parent does student reside with? \_\_\_\_\_  
 All mailings will be sent to the student's primary address unless otherwise requested.  
 Please request, in writing, if you would like mailings to be sent to more than one address.

**Alternate Emergency Contact (other than someone listed above):**

Name	Tel #	Relationship to child
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Doctor's Name	Tel #
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- **In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will my physician. I also understand that I will be financially responsible for any medical treatment provided.**
- **The Religious School has permission to share our contact information with other Sinai Religious School families. *Sign here to opt out only* \_\_\_\_\_**
- **The Religious School has permission to post photos of my child internally, on the web, or for various publications. *Sign here to opt out only* \_\_\_\_\_**
- **My child has permission to attend off-sight field trips with an adult chaperone sponsored by the Sinai Temple Religious School. *Sign here to opt out only* \_\_\_\_\_**

<b>Parent's or Guardian's Signature</b>	<b>Date</b>
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**Please list any medical conditions and any food allergies.**

\_\_\_\_\_

\_\_\_\_\_ **None** \_\_\_\_\_

**Does your child have an IEP/ 504 Plan or learning disability that we should be aware of? If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_ **No** \_\_\_\_\_

**Please register by June 1, 2017 by returning this completed form to the Religious School Office with your non-refundable deposit of \$50.00 per student (will be applied toward tuition fees).**

**Please call the Temple office to make arrangements for any outstanding financial obligations.**

**WE NEED YOU!**

Please consider being a parent volunteer.

**WE WELCOME YOUR HELP, IDEAS AND INVOLVEMENT**



For any questions, suggestions, etc. we have a new Religious School website: [religiousschool@sinai-temple.org](mailto:religiousschool@sinai-temple.org)

**I would/am interested in being a room parent volunteer for my child's classroom.**

(Room parents may help out with various small task, such as, contacting other parents in the class about special events, helping to prepare and/or find volunteers for special Religious School events, etc.)

**Please circle one: YES      NO**

**I am interested in helping with:**

- Religious School Committee**
- Shabbat Dinners**
- Fundraising**
- Office Volunteer**
- Passover Seder**
- Hebrew Volunteer**
- Shalach Manot (for Purim)**
- Youth Engagement Committee**