THE MARION & HENRY BLOCH RELIGIOUS SCHOOL
Family Information

Parent/Guardian #1 Information		Parent/Guardian #2 Information	
First Name	Last Name	First Name	Last Name
Main residence of children (please check): ☐ **Both** ☐ **Mother** ☐ **Father**			
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Religion	Work Phone	Religion
Email		Email	
Address		Address	
City	State/Zip	City	State/Zip

Primary Emergency Contact For Students (other than parents)		
Contact Name	Contact Home Phone	Contact Cell Phone
Relationship		
Individuals who can pick-up student(s)		

Student Information

☐ **I am interested in talking to Rabbi Londy about my child becoming a Bar/Bat Mitzvah.**

☐ **I am interested in my child joining the NRT Hebrew Program.**

1 Grade in 2022-23	Date of Birth	ALLERGIES
Student's First Name	Last Name	MEDICATIONS
Student's School		Received COVID Vaccinations ☐ Y ☐ N
Hebrew Name (in English)		Dates of COVID Vaccinations
Bar/Bat Mitzvah Date		Received Other Age Appropriate Vaccinations ☐ Y ☐ N
OTHER CONDITIONS		☐ ASTHMA ☐ LD ☐ ADD ☐ ADHD

2 Grade in 2022-23	Date of Birth	ALLERGIES
Student's First Name	Last Name	MEDICATIONS
Student's School		Received COVID Vaccinations ☐ Y ☐ N
Hebrew Name (in English)		Dates of COVID Vaccinations
Bar/Bat Mitzvah Date		Received Other Age Appropriate Vaccinations ☐ Y ☐ N
OTHER CONDITIONS		☐ ASTHMA ☐ LD ☐ ADD ☐ ADHD

3 Grade in 2022-23	Date of Birth	ALLERGIES
Student's First Name	Last Name	MEDICATIONS
Student's School		Received COVID Vaccinations ☐ Y ☐ N
Hebrew Name (in English)		Dates of COVID Vaccinations
Bar/Bat Mitzvah Date		Received Other Age Appropriate Vaccinations ☐ Y ☐ N
OTHER CONDITIONS		☐ ASTHMA ☐ LD ☐ ADD ☐ ADHD

By enrolling your child(ren) in The Marion & Henry Bloch Religious School, you are acknowledging and agreeing to abide by the terms of The Marion & Henry Bloch Religious School Handbook. If you wish to receive another copy of the Handbook, please contact the NRT office.

The Marion & Henry Bloch Religious School Consent Form

The undersigned, parents (or legal guardian) of: _____
Hereby consent to his/her attending The Marion & Henry Bloch Religious School and youth activities.

The undersigned further consent for their child(ren), above named, to receive emergency care if it becomes necessary in the event the undersigned cannot be reached by telephone.

I hereby give permission for images of my child(ren), above named, captured during regular and special Temple activities through video, photo and digital camera, to be used solely for the purposed of The New Reform Temple's publications and website, and waive any rights of compensation or ownership thereto.

With respect to the child's participation in The Marion & Henry Bloch Religious School, the undersigned releases The New Reform Temple and its officers, agents and employees, including voluntary assistants, harmless from any and all claims for personal injury to the above-named child(ren), including, without limitation any claims based on negligence.

Signature of Parent or Guardian _____ **Date** _____

Sasone

The New Reform Temple welcomes children with special needs and we work closely with Sasone. This is the Jewish community inclusion program, to enable children to be joyfully successful in our Religious School program.

Please return this completed form, with payment, by August 1.

Torah Tots, ages 2 – Pre-K, one Sunday per month – no charge
Grades K-10 Religious School – $200 per child (**NRT member**)
Grades K-10 Religious School – $350 per child (**Kol Ami member or Unaffiliated**)
Grades 3-6 – Hebrew Program $490 (1/2 payment due before first class)

The New Reform Temple
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