

Congregation Ahavath Chesed Temple Institute of Religion



STUDENT INFORMATION FORM 5779/5780: 2019-20 School Year

Student Information

Full Name _____ DOB / /
Nickname _____ Hebrew Name _____
My child's preferred pronouns are: she, her, hers he, him, his they, them, theirs other
Student Cell Phone _____ Student Email Address _____
Secular School _____ Grade _____
Learning Accommodations _____
Student lives primarily with Both Parents Shared Custody Parent/Guardian 1 Parent/Guardian 2

Parent/Guardian/Household Information

Parent/Guardian 1 (Household 1)

Parent/Guardian Name _____
Relationship to Student _____
Address _____
City _____ State _____ Zip Code _____
Cell _____ Other _____
Email Address _____

Parent/Guardian 2 (Household 2)

Parent/Guardian Name _____
Relationship to Student _____
Address _____
City _____ State _____ Zip Code _____
Cell _____ Other _____
Email Address _____

Single Married Partnered Separated Divorced

Single Married Partnered Separated Divorced

Grades PK-5 only, may register for **ONE** year of TIR without Temple Membership.

Temple Member? Yes No

Temple Member? Yes No

We use Remind to send weekly reminders for TIR. We send a weekly newsletter via Constant Contact. We post updates on our TIR Facebook and Instagram pages.

School correspondence should be sent to Both Parents Parent/Guardian 1 Parent/Guardian 2

Contact Preference:

Parent/Guardian 1 Email Text No Preference Please invite me to the private TIR Facebook Page

Parent/Guardian 2 Email Text No Preference Please invite me to the private TIR Facebook Page

Photo Release

I hereby grant permission to *Congregation Ahavath Chesed* to use photographs and/or video of my child _____ taken during the 2019-20 school year at *Congregation Ahavath Chesed*, on a field trip or during a youth group event in publications, news releases, online, and in other communications related to the mission of *Congregation Ahavath Chesed*.

Parent/Guardian Signature _____ Date _____

Consent to Treat Minor Children

I _____ parent or legal guardian of _____, born the _____ day of _____, 20 _____, do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of Michelle Penson and/or the faculty of Congregation Ahavath Chesed, City of Jacksonville, State of Florida, and I am not reasonably available by telephone to give consent. This authorization is effective from 6th day of September, 2019, to the 17th day of May, 2020.

Parent/Guardian Signature _____ Date _____

List of Adults that have permission to pick up your student:

Name _____ Cell _____ Relationship to Student _____

Name _____ Cell _____ Relationship to Student _____

Name _____ Cell _____ Relationship to Student _____

Name _____ Cell _____ Relationship to Student _____

Please send any changes to your student's normal pick up routine to Michelle Penson at mpenson@thetemplejacksonville.org prior to change. If there are changes to the above list, please submit in writing to Michelle Penson.
