

Please be sure to save this form to your computer



Temple Israel Hebrew School

Registration Form

School Year: 2020-21

Parent/Guardian Information

Parent/Guardian 1

	<input type="text"/>	<input type="text"/>
	Last Name	First Name
Best Contact Phone	<input type="text"/>	
Best Contact Email	<input type="text"/>	
Address	<input type="text"/>	<input type="text"/>
	Street	Town/State/Zip

Parent/Guardian 2
(Skip if not applicable)

	<input type="text"/>	<input type="text"/>
	Last Name	First Name
Best Contact Phone	<input type="text"/>	
Best Contact Email	<input type="text"/>	
Address (skip if same as above)	<input type="text"/>	<input type="text"/>
	Street	Town/State/Zip

Family Emergency Contact information

<input type="text"/>	
Emergency Contact if Parent is unavailable	
<input type="text"/>	
Relationship to child(ren)	
<input type="text"/>	<input type="text"/>
Best Contact Phone	Alternate Phone

Enrolling your children in Temple Israel's Hebrew school gives them the tools to become confident, skilled, and passionate learners with a strong Jewish identity. Together we carry on our traditions *l'dor vador* - generation to generation.

If you have any questions, please contact our Hebrew School Director Marc Stober at (<http://templeisraelmht.org/contact-marc>).

NOTES:

- Please complete a student form for EACH child registering.
- A \$100 book fee/deposit is required for each student due by July 15th.
- Complete tuition payment of \$410 is due by August 15, 2020
- You may send a labeled photo of each child for ID purposes to office@templeisraelmht.org

Student No.1

Last Name

First Name

Hebrew Name

Birth Date (mm/dd/yy)

Age as of **Sept 2020**

Public School Grade as of **Sept 2020**

Hebrew School Grade Completed/Date

Special Instruction/Needs – please check all that apply

Learning style
(check all that apply)

HANDS ON LEARNER

AUDITORY LEARNER

VISUAL LEARNER

Does _____ have a diagnosed learning disability and/or IEP to improve learning outcomes at school?

How do you prefer behavioral issues to be handled with your child? (Please check all that apply)

CALL PARENTS

BREAK FROM CLASS/TIME OUT

DIRECTOR ADDRESS IN SEPARATE AREA

Does _____ exhibit difficult behaviors when learning at school? Please describe:

Please describe your child's learning needs and successful strategies that have been used:

Would you like a parent/teacher conference to discuss your child's needs before the school year begins?

You may use my child's photograph in marketing materials for the Hebrew school and community.

Medical Contact Information

Child's Physician

Physicians Tel

Allergies or Medical Needs Teachers should be aware of

Parent Signature

Date Signed

Student No.2

Last Name

First Name

Hebrew Name

Birth Date (mm/dd/yy)

Age as of **Sept 2020**

Public School Grade as of **Sept 2020**

Hebrew School Grade Completed/Date

Special Instruction/Needs – please check all that apply

Learning style
(check all that apply)

HANDS ON LEARNER

AUDITORY LEARNER

VISUAL LEARNER

Does _____ have a diagnosed learning disability and/or IEP to improve learning outcomes at school?

How do you prefer behavioral issues to be handled with your child? (Please check all that apply)

CALL PARENTS

BREAK FROM CLASS/TIME OUT

DIRECTOR ADDRESS IN SEPARATE AREA

Does _____ exhibit difficult behaviors when learning at school? Please describe:

Please describe your child's learning needs and successful strategies that have been used:

Would you like a parent/teacher conference to discuss your child's needs before the school year begins?

You may use my child's photograph in marketing materials for the Hebrew school and community.

Medical Contact Information

Child's Physician

Physicians Tel

Allergies or Medical Needs Teachers should be aware of

Parent Signature

Date Signed

Student No.3

Last Name

First Name

Hebrew Name

Birth Date (mm/dd/yy)

Age as of **Sept 2020**

Public School Grade as of **Sept 2020**

Hebrew School Grade Completed/Date

Special Instruction/Needs – please check all that apply

Learning style
(check all that apply)

HANDS ON LEARNER

AUDITORY LEARNER

VISUAL LEARNER

Does have a diagnosed learning disability and/or IEP to improve learning outcomes at school?

How do you prefer behavioral issues to be handled with your child? (Please check all that apply)

CALL PARENTS

BREAK FROM CLASS/TIME OUT

DIRECTOR ADDRESS IN SEPARATE AREA

Does exhibit difficult behaviors when learning at school? Please describe:

Please describe your child's learning needs and successful strategies that have been used:

Would you like a parent/teacher conference to discuss your child's needs before the school year begins?

You may use my child's photograph in marketing materials for the Hebrew school and community.

Medical Contact Information

Child's Physician

Physicians Tel

Allergies or Medical Needs Teachers should be aware of

Parent Signature

Date Signed