



**TEMPLE B'NAI CHAIM RELIGIOUS SCHOOL
REGISTRATION FORM 2019-20**

For office use:
Date Rec'd

PLEASE PRINT CLEARLY

Name of Student: _____
Last First

Date of Birth ____/____/____

Male Female

Age of as September 2019 _____

Grade as of September 2019 _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Email _____

Parent/Guardian Email _____

Student Email (Gr. 8-12 only) _____

Name of Public/Private School _____

FOR NEW STUDENTS TO THE TEMPLE B'NAI CHAIM RELIGIOUS SCHOOL IN 2019-20 ONLY:

Has your child previously attended a Jewish educational program? Yes No

If you answered yes: Where? _____ How many years? _____

EMERGENCY RECORD 2019-20

Child's Name _____ Birth Date ____/____/____ Grade (Sept. 2019) _____

Address _____ City _____ State _____ Zip Code _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Parent/Guardian Name _____

Home Phone _____ Business Phone _____

Cell Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Orthodontist _____ Phone _____

Medical Conditions/Allergies _____

Medications taken regularly _____

Health Insurance Carrier & Member # _____

Temple B'nai Chaim agrees to take reasonable measures for the protection of the health of each child. However, it assumes no risk for injuries, accidents and/or sickness incurred or received by any child whether directly or indirectly while attending school, school trips and youth events or under faculty supervision. I agree to release and hold harmless Temple B'nai Chaim, its trustees and employees from any and all claims that may arise as a result of any injury, loss or damages incurred by me or my family. In the event of any medical emergency or accident, the Temple B'nai Chaim Religious School staff reserves the right to move your child to an appropriate hospital. I hereby authorize such physicians or emergency facility to treat my child in any emergency situation until such time as I can be reached for specific permission.

Signature _____ Date _____



Emergency Contacts - The following persons are authorized to pick up my child from school or youth events if necessary. (Please remember to notify these people that they may be contacted by the Religious School office.)

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u> (home, cell, etc.)
1.		
2.		
3.		