

**Temple Ner Tamid Religious School
New Student Registration Form
2008 – 2009**

Please fill out a separate form for each child

The Religious School welcomes all age appropriate children of Temple members, including any child from an interfaith marriage provided the student does not receive concurrent education in a faith other than Judaism. Temple Ner Tamid regards the enrollment of a child as an expression of intent to raise that child solely in the Jewish religion. Any questions regarding this policy should be directed to the Rabbi before signing this registration form.

Student's Name _____ Hebrew Name _____

Address _____ Date of Birth _____ Grade _____

_____ Home Phone _____

Student's previous Jewish education _____

Public/Private school child attends _____ School Dismissal Time _____

Parent1 _____ Parent2 _____

Cell Phone1 _____ Cell Phone2 _____

Business Phone1 _____ Business Phone2 _____

Email1 _____ Email2 _____

With whom does the child live? Both Parents _____ Parent1 _____ Parent2 _____

Any special living arrangements? _____

Child's Physician _____ Phone _____

Medical Insurance Company _____ Policy # _____

Is your child on medication or has any medical condition of which we should be aware including allergies?

People to be contacted in the event of an emergency (after child's parents)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I understand that as long as my child is enrolled in Religious School at Temple Ner Tamid I agree to the following:

Temple Ner Tamid shall not be responsible in case of sickness or injury while my child is in attendance. In case of illness, I will pick up my child as soon as possible. I am responsible for informing Temple Ner Tamid of my child's medical conditions. The Temple Ner Tamid staff is not qualified, nor will they be permitted to administer medication of any type. Medications may not be left in the Religious School office. Teachers may not be able to ascertain how certain foods will affect my child and they may not be able to immediately recognize if my child is experiencing the onset of a medical problem. If these restrictions present a problem, it is my responsibility to set up an appointment with the Director of Education to discuss my particular situation. In an emergency, the Religious School has my permission to contact "911" and request the assistance of a rescue squad. The rescue squad has my permission to take my child to the nearest hospital. I understand that the Religious School will attempt to contact me, but in the event I cannot be reached, the hospital has my permission to call my child's doctor for any background information or medical assistance necessary. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Parent's Signature _____ Date _____