

# 2010-2011 RELIGIOUS SCHOOL REGISTRATION FORM

Please complete one registration form per family.

## FAMILY/ADULT INFORMATION

Family Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, Zip: \_\_\_\_\_

Parent/Adult #1 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Parent #1 Email: \_\_\_\_\_

Parent/Adult #2 Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home phone number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_  
 Parent #2 Email: \_\_\_\_\_

Student #1 Email (7<sup>th</sup>-12<sup>th</sup> Graders only): \_\_\_\_\_  
 Student #1 Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Student #2 Email (7<sup>th</sup>-12<sup>th</sup> Graders only): \_\_\_\_\_  
 Student #2 Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT (other than parents):

Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
 Work: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_  
 Work: (\_\_\_\_) \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT:

As the parent or legal guardian, I hereby give consent to TEMPLE BETH SHOLOM to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for my child(ren):

Print child name(s): \_\_\_\_\_

This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependents.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print parent/guardian name

**Please complete both sides of this form**

## PROGRAM CHOICES

For program descriptions visit the TBS Religious School website at [www.tbsoc.com/education](http://www.tbsoc.com/education)

Student Name(s):	Birthday MM/DD/YY	Entering Grade Sept. 2010	RS School Grades K-6	Family Learning Circle Grades K-6	Hebrew Connection Grades 3-6 Tutor at Home	Hebrew Connection Grades 3-6 Tutor at Temple	Grade 7 RS & ATID	Grade 8 ATID	Grade 9 Talit Nation	Grade 10 Confirmation	Grades 11-12 Post Confirmation	Grade 8 Madrachim Training Program	Grades 9 -12 Madrachim Program
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Family Learning Circle Adult Education/Activity Track and Hebrew Connection information will be sent when it is available in the fall.*

<p><b>If new to TBS, has/have your child(ren) had any previous religious training?</b></p> <p><input type="checkbox"/> No    <input type="checkbox"/> Yes, where?:</p>	<p><b>Does/Do child(ren) reside with both parents simultaneously?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No - Please send communications to an additional address/email address:</p>
<p><i>Is there anything about your child(ren) you would like us to know?</i></p> <p><i>Does your family have any special requests we might try to meet?</i></p>	

**FOR OFFICE USE ONLY:**

Name	Returning	Prior Year		New	Current Year			Date Received:	Date Entered:	Date Billed:
		RSC	HSC		RSC	HSC	SC			
1.	<input type="checkbox"/>			<input type="checkbox"/>						
2.	<input type="checkbox"/>			<input type="checkbox"/>						
3.	<input type="checkbox"/>			<input type="checkbox"/>						
4.	<input type="checkbox"/>			<input type="checkbox"/>						