

# Welcome to the TBEMC Religious School Family!

## Temple Beth-El Mekor Chayim: Religious School Registration Form 2018/2019

- ➔ Please use one form per child.
- ➔ Return this completed form to: Temple Beth-El Mekor Chayim Religious School, 338 Walnut Avenue, Cranford, NJ 07016 or email it to [office@tbemc.org](mailto:office@tbemc.org).
- ➔ Please attach a current picture of your child. Be sure to write your child's name and grade on picture before attaching.
- ➔ Questions? Please call the synagogue at (908) 276-9231.
- ➔ Early Registration Deadline is June 30, 2018.

<b>STUDENT INFORMATION</b>	
Student Name: (First, Middle, Last)	Hebrew/Jewish Name:  (If your child doesn't have a Hebrew/Jewish name, please let us know and we would love to help you choose one that would be meaningful)
Date of Birth:	Gender:
New Student to Temple Beth-El Mekor Chayim R.S.?    yes    no	School Grade as of September 2017: _____
Previous Religious School Name _____	Religious School Grade (if different than above): _____
Public/Private/Home School Name:	Home Phone:
Home Address:	City/State/Zip:
Student's Email:	Student's Cell Phone:
<b>FAMILY INFORMATION</b>	
Parent/Guardian 1:	Parent/Guardian 2:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:
Home Phone:	Home Phone:
E-mail Address:	E-mail Address:
Address (if different from above):	Address (if different from above):
Any special skills or interest you would be willing to share with our students (music, art, writing, Israeli dance, etc.)?	Any special skills or interest you would be willing to share with our students (music, art, writing, Israeli dance, etc.)?
All correspondence should be sent to:                      Parent/Guardian 1                      Parent/Guardian 2                      both	
Do parents or other family members have any special needs that we should know about?                      yes                      no If yes, please describe:	
Does your child have special living arrangements?                      yes                      no If yes, please explain:	
Is there anything about your child or your family that you feel we should know                      yes                      no If yes, please describe:	
<b>Emergency Contact Name (other than parent/guardian listed above within 10 miles):</b>	
Name:	Relationship:
	Cell Phone:
	Home Phone:

**ADDITIONAL INFORMATION****SPECIAL NEEDS INFORMATION**

Please indicate any special educational needs your child may have. This information will help us do our best in providing your child with a safe, warm, creative, and nurturing environment in which he/she will learn and achieve success.

ADD	ADHD	Autistic Spectrum Disorder	Deaf or Hard of Hearing	Dyslexia
Perceptual Impairment	Speech and/or Language Impairment	Specific Learning Disability	Visual Impairment	Other

If you checked anything above, please explain:

What accommodations would make your child's learning experience in religious school more successful?

**Does your child have an IEP or receive special accommodations at school?**    yes    no

IF YES, please *attach a copy of the IEP* and indicate which services your child receives at his/her school:

Resource Program      Instructional Aide      Special Education Class      Speech Language Assistance

Other \_\_\_\_\_

**MEDICAL INFORMATION**

Physician Name & Phone:

Allergies: **FOOD: (Please circle)** No Allergies    Dairy    Eggs    Peanuts    Tree Nuts    Fruit    Wheat    Other \_\_\_\_\_

**DRUG:** \_\_\_\_\_ **ENVIRONMENTAL:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

If your child has an allergy, please include a copy of his or her allergy plan.

Current Medications:

Does your child have a prescription for an epinephrine auto-injector?    yes    no

If yes, where will it be stored (circle one)?    My child will carry it to/from Religious school    In the Religious School Office

Child may be given acetaminophen (Tylenol):    yes    no    Ibuprofen (Advil):    yes    no

Medical Insurance Company:

Insured's Name:

Policy Number:

Group Number:

**ADDITIONAL HEALTH INFORMATION**

Please indicate any special medical conditions your child may have.

Asthma	Diabetes	Epileptic or other seizures
High Blood Pressure	Migraine Headaches	Other:

**RELIGIOUS SCHOOL RELEASE FORMS**

**Activity Release:**

I hereby give permission for my child \_\_\_\_\_ to participate in all Temple Beth-El Mekor Chayim's Religious School field programs, activities and events and do release Temple Beth-El Mekor Chayim and its representatives from all liability arising out of my child's participation in such activity. I understand that my child will not be permitted to participate in such activities unless this form is completed.

I HAVE READ AND FULLY AGREE TO THE ACTIVITY RELEASE FORM ABOVE:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Medical Emergency Release:**

I hereby give my permission to the physician or medical professional selected by the staff to secure proper treatment for my child, \_\_\_\_\_, which I understand might include hospitalization, injections, anesthesia or surgery. I recognize that I will be responsible for any costs incurred for this treatment.

I HAVE READ AND FULLY AGREE TO THE MEDICAL/LIABILITY FORM ABOVE:

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Public Relations Release:**

From time to time, Temple Beth-El Mekor Chayim shares with our local community exciting events and programs in which our students participate. This includes press releases to the local papers as well as publicity on the temple website, bulletin, Facebook, Instagram, and Youtube channel. We will not publish the names of students along with photos. Please include a photo of your child if you have not done so already if you check this box.

\_\_\_\_ Check here if you **DO NOT** consent to the use of photos of your child in TBEMC publicity.

*(Absent your selection above, the school will assume permission has been given by you to release the aforementioned information/images.)*

**GRANDPARENT INFORMATION**

Grandparent(s) Name(s): \_\_\_\_\_

Grandparent(s) Address: \_\_\_\_\_

Grandparent(s) Name(s): \_\_\_\_\_

Grandparent(s) Address: \_\_\_\_\_

If you need additional space, please write on the back of this form.

**Thank you so much for choosing the TBEMC Religious School.  
We are looking forward to an amazing year!**

