

OR TAMID RELIGIOUS SCHOOL REGISTRATION FORM 2019 – 2020

Student's Full Name _____ Date (mm/dd/yyyy) _____
First & Middle Names Last Name

Hebrew Name _____ Birth Date (mm/dd/yyyy) _____
Transliteration is Fine

Home Address _____
Street Town Zip Code

Home Telephone # (xxx-xx-xxxx) _____

Father's Name _____ Father's Email _____

Father's Cell Phone (xxx-xx-xxxx) _____

Mother's Name _____ Mother's Email _____

Mother's Cell Phone (xxx-xx-xxxx) _____

Student's Secular School & District _____ Grade _____
as of 9/1/2019

Previous Religious Schools Attended _____
(new students only) school name years attended

Please check Religious School Class for 2019-2020

- | | | |
|-------------------------------|-------------------------------|-----------------------------|
| Gan (PreK & K) | Aleph (1 st Grade) | Bet (2 nd Grade) |
| Gimel (3 rd Grade) | Dalet (4 th Grade) | Hey (5 th Grade) |
| Vav (6 th Grade) | Zayin (7 th Grade) | |

Hebrew High / Confirmation (Grades 8, 9 & 10)

Does this student have a 501, IEP or GIEP from secular school? _____

Describe any learning styles or differences that will help us in understanding this student. (This information is strictly confidential and is helpful to our faculty in providing the best possible education for the student.)

This student is allowed to be picked up by _____
name cell phone #

name cell phone #

EMERGENCY CONTACT & MEDICAL INFORMATION

Best person to call in emergency _____
name cell phone #

Please list Medical Conditions (including food allergies) _____

Dietary Restrictions _____

Allergies _____

Current Medications _____

Alternate Emergency Names and Phone Numbers

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

May we administer Tylenol? _____ Please indicate correct dosage _____

Permission Slip – Or Tamid Religious School

I give my child _____ permission to attend off-ground trips with Or Tamid Religious School

By signing this permission slip, I hereby agree to indemnify and hold harmless and blameless, Or Tamid Religious School, its administration, teachers, employees and parent chaperones from any and all liability from damages, loss or injury, either to person or property, which the said minor may sustain while engaged in any activity conducted by or in connection with Or Tamid Religious School, but not limited to transportation. I further certify that I have legal custody by reason of the fact that I am the parent or the legal guardian by court order. I further allege that the said minor is physically able to participate in the activity set forth herein.

I further agree to reimburse or make good any loss or damage or costs that Or Tamid Religious School may have to pay if any litigation arises on account of any claim made by said minor, or anyone in said minor's behalf, resulting directly or indirectly from said minor's participation in Or Tamid Religious School activities. I further agree in case of injury or illness or other actions requiring parental permission, that synagogue employees or chaperones shall have the authority to act for me in case I cannot be reached. I further understand that in case of injury. Serious illness, or in extreme cases of disciplinary action, the lead teacher or administrator will call for medical assistance and transportation at my own expense.

I give my permission for Or Tamid Religious School to seek medical treatment for my child in the event of an emergency.

I agree to authorize Or Tamid Religious School to utilize photographed or video graphed images of my child in brochures, flyers, displays or other promotional purposes without compensation from the synagogue or related organizations.

Yes, I give permission for our contact information to be used in a school directory

Parent or Guardian Signature

Date