



# Religious School

## INDIVIDUAL STUDENT REGISTRATION FORM 2011-2012

- Please fill out a separate form for each student.
- Please fill out BOTH sides of this form.
- Please note that payment must be included with this form.
- ALL TEMPLE FEES MUST BE CURRENT PRIOR TO RELIGIOUS SCHOOL REGISTRATION.

Student's Name \_\_\_\_\_ Circle One: Male Female

Birth Date \_\_\_\_\_ Hebrew Name (if known) \_\_\_\_\_

Grade in Secular School (Fall '11) \_\_\_\_\_ Name of Secular School \_\_\_\_\_

Does your child have any special interests/talents of which s/he is particularly proud?

\_\_\_\_\_

Does your child have any **food allergies** or other health concerns of which we should be aware? If so, will you be leaving an epipen or other medication with us?

\_\_\_\_\_

Is your child taking any medications regularly? Please explain.

\_\_\_\_\_

Are there any special family situations of which you would like us to be aware? (e.g. family illness, divorce, remarriage, non-Jewish parent, new birth?) Please explain.

\_\_\_\_\_

Does your child have any special learning needs? If so, please explain:

\_\_\_\_\_

Do you have any concerns that you would like to share with us about your child?

\_\_\_\_\_

\*\*\*\*\*

**Photo release – sign ONLY if you do NOT want your child's photo published.**

**In an effort to inform the community about Temple Sinai's unique programs, including Religious School & Youth programming and events, photographs of the school and children may be used for publicity in brochures, the website and in other media.**

**If you DO NOT WANT your child(ren) to be included in photographs connected with the school, please sign below.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please check the session you are requesting:***

Please see the *registration procedures* sheet for more information on the KAVOD & Hevra programs. Please note that all class offerings are subject to a minimum enrollment.

**Primary Program:**

Kindergarten: \_\_\_ Tuesday 4:10 – 6:00 PM                      \_\_\_ Wednesday 4:10 – 6:00 pm  
Grade 1:            \_\_\_ Tuesday 4:10 – 6:00 PM                      \_\_\_ Wednesday 4:10 – 6:00 pm  
Grade 2:            \_\_\_ Tuesday 4:10 – 6:00 PM                      \_\_\_ Wednesday 4:10 – 6:00 pm

Grade 3            \_\_\_ Monday 4:10 – 6:15 pm  
                      \_\_\_ Tuesday 4:10 – 6:15 pm                      KAVOD:    YES      NO  
                      \_\_\_ Wednesday 4:10 – 6:15 pm

Grade 4            \_\_\_ Monday/Wednesday 4:10 – 6:15 pm  
                      \_\_\_ Tuesday/Thursday 4:10 – 6:15 pm                      KAVOD:    YES      NO  
                      \_\_\_ Monday 4:10 – 6:15 pm – HEVRA Program  
                      \_\_\_ Tuesday 4:10 – 6:15 pm – HEVRA Program  
                      \_\_\_ Wednesday 4:10 – 6:15 pm – HEVRA Program

Grade 5            \_\_\_ Monday/Wednesday 4:10 – 6:15 pm  
                      \_\_\_ Tuesday/Thursday 4:10 – 6:15 pm                      KAVOD:    YES      NO  
                      \_\_\_ Tuesday 4:10 – 6:15 pm – HEVRA Program

Grade 6            \_\_\_ Monday/Wednesday 4:10 – 6:15 pm  
                      \_\_\_ Tuesday/Thursday 4:10 – 6:15 pm                      KAVOD:    YES      NO  
                      \_\_\_ Monday 4:10 – 6:15 pm – HEVRA Program  
                      \_\_\_ Tuesday 4:10 – 6:15 pm – HEVRA Program  
                      \_\_\_ Wednesday 4:10 – 6:15 pm – HEVRA Program

Grade 7            \_\_\_ Monday 6:40 – 8:00 pm

High School            \_\_\_ Grade 8:    \_\_\_ Grade 9    \_\_\_ Grade 10    Tuesday 6:40 – 8:00 pm  
Student's email address \_\_\_\_\_

Post-Confirmation    \_\_\_ Grade 11    \_\_\_ Grade 12                      Selected Monday evenings  
Student's email address \_\_\_\_\_

\*\*\*\*\*

We rely on parents to serve as partners in our school. Your assistance is needed to continue to offer quality Jewish educational programs. Please volunteer to help in at least one of the following areas:

\_\_\_ Assist with a holiday program    \_\_\_ Serve on the Education Committee  
\_\_\_ Serve as a class parent    \_\_\_ Other \_\_\_\_\_

.....  
**When assigning classes, we must take into account class sizes, teacher's recommendation and the children's individual needs so that we may offer the best Jewish educational learning experience for all of our students. We invite you to list up to 3 children with whom your child would like to be placed, so that s/he will have at least one "friendly face" in his/her class. WE DO NOT GUARANTEE THAT YOUR CHILD WILL BE PLACED WITH ALL THREE REQUESTS! We will do our best to honor one placement request, keeping in mind that our first priority is a positive learning environment for all.**

1. \_\_\_\_\_ OR 2. \_\_\_\_\_ OR 3. \_\_\_\_\_