

Religious School Registration

Temple Shomer Emunim Religious School Enrollment Form 2023-2024 School Year

Student's Name: _____

Address: _____

Phone Number: _____

School/Grade: _____

Parent 1 Name/Cell Phone: _____

Parent 2 Name/Cell Phone: _____

Parent Email: _____

Emergency Contact Name and Phone (other than parent): _____

Doctor's Name/Phone Number:

Dentist's Name/Phone Number:

My child has the following academic, behavioral, or special needs at home and in secular school:

My Child has the following health issues or allergies you should be aware of:

Please initial the following lines:

_____ Yes! I would love to be a class parent and help with class projects and/or make phone calls or send emails to invite families to events.

_____ Yes! I give permission for my child to be photographed during Religious School and Temple events.

_____ Yes! I give permission for my child to participate in field trips by bus or car during the Religious School year.

_____ Yes! I give my child permission to use the internet under teacher or aide supervision during Religious School.

X _____ (parent signature)