

Temple Judea Religious School Registration

Please complete one form for each child

Child's Name	Date of Birth	M F Sex
Hebrew Name	Grade and School	

Emergency Information

Allergies/Special Health Considerations:

Emergency Contact	Relationship
Home phone	Cell phone
Physician's Name	Phone

Parent/Guardian Information

Parent's/Guardian's Name	Parent's/Guardian's Name
() () Home Phone Cell	() () Home Phone Cell
Address	Address
City, ST ZIP Code	City, ST ZIP Code
Email address	Email address

Alternative Contacts

The following people are authorized to pick up my child from Temple Judea Religious School & activities

Name	Phone number
Name	Phone number
Name	Phone number

Permission Slip

I give my child, _____, a student at Temple Judea Religious School, permission to attend all activities sponsored by the school. In case of an emergency, I hereby give permission to the physician selected by the school to hospitalize, secure treatment for, order injection, anesthesia or surgery for my child, after first attempting to contact me and the above named doctor, if time permits.

Parent's signature

Date

I give my child, _____, a student at Temple Judea Religious School, permission to appear in photographs. Photographs can be used on the Synagogue's website, in The Scroll and in L'Chayim.

Parent's signature

Date