

**TEMPLE EMANU-EL HEBREW SCHOOL**  
 2956 St. Paul Blvd. Rochester, New York 14617  
**HEBREW SCHOOL REGISTRATION & CONSENT FORM**  
**2011-2012 ACADEMIC YEAR**

Student's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Secular School \_\_\_\_\_ Secular Grade as of 9/2011 \_\_\_\_\_

Name and ages of siblings **NOT** currently attending the Hebrew School (older or younger)

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian 1 Name	Parent/Guardian 2 Name
Relationship to student	Relationship to student
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email

Emergency Contact

Name	Phone
Relationship to student	

Adults who have permission to pick up your child – include name, relationship to student, and phone


**REMINDER: Tuition is \$250.**

For use of the Hebrew School:  Registration Amount: \$ _____ Check Number: _____ Date: _____ Comments: _____
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Confidential Information

Please tell us your occupation(s):

Does your child have any allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

Does your child wear glasses? No \_\_\_\_\_ Yes, for distance \_\_\_\_\_ Yes, for reading \_\_\_\_\_

Please indicate special medical circumstances, or medications that your child takes regularly.

Is there anything about your child that you would like us to know in order for him/her to have a positive Hebrew School experience?

Does your child have an IEP or 504 plan at his/her secular school? No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please answer the following questions. This information will be kept confidential and will allow our Hebrew School to try to adapt the curriculum accordingly.

1. Describe your child and explain why your child requires special services. (Name any conditions and symptoms)

2. What services, staffing, materials, etc. will help our Hebrew School meet your child's needs?

Please check if there is any other confidential information that you would like to share with your child's teacher or the principal that you do not want to appear on this form.

Consent forms

In case of accident or injury to my child while under the care and direction of the Temple Emanu-El Hebrew School, I give permission for my child to be taken to an accredited hospital and I allow the hospital staff to provide my child with the required emergency care. I understand that I am responsible for all medical treatment costs.

Physician's name \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance carrier \_\_\_\_\_

If you do not wish the Hebrew School to use photographs of your child for publicity purposes, please check this box.

If you do not wish the Hebrew School to allow your child to have supervised internet, please check this box.

Comments or questions? \_\_\_\_\_

\_\_\_\_\_  
Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_