

Student Information

One form per child

Student's Name: _____

Student's Hebrew Name: _____



2010-2011 Secular
School Grade

Birthday: _____

Address: _____

Home Phone Number: _____

Student's Email Address: _____

(This is important for communication)

Name of School Child Attends: _____

EMERGENCY INFORMATION

Please provide the name and number of someone outside your immediate family who, in case of emergency, can be at Temple Israel quickly.

Name: _____

Phone Number: _____

Relation: _____

Class Information

WHICH CLASS DO YOU WANT YOUR CHILD TO BE IN?

Sunday 9:00 - 11:30 AM	Tuesday 4:15 - 6:30 PM	Wednesday 5:00 - 7:30 PM
K/1 _____	K/1 _____	Grade 7 _____
Grade 2 _____	Grade 2 _____	Grade 8 _____
Grade 3 _____	Grade 3 _____	Grade 9 _____
Grade 4 _____	Grade 4 _____	Grade 10 _____
Grade 5 _____	Grade 5 _____	Grade 11 _____
Grade 6 _____	Grade 6 _____	Grade 12 _____

- Some sections have limited availability
- We will run all classes for which we have sufficient enrollment by **June 15**.

If it is important that your child be placed with a friend, please let us know now. We will try to honor that request.

Is this your child's first year at Temple Israel? Yes _____ No _____

If yes, please list other schools and grades attended, if any:

Over, please

Temple Israel of Northern Westchester Religious School

Family Information

Parent		Parent
_____	Name	_____
_____	Home Address	_____
_____		_____
_____	Cell Phone	_____
_____	Business Phone	_____
_____	Email Address	_____
_____	Primary Contact?	_____
_____	Is Parent Jewish?	_____

Names and ages of other children in the family not enrolled in the Religious School:

I am interested in substitute teaching in the Religious School:

Sunday ___ Tuesday ___ Wednesday ___ Hebrew: Yes ___ No ___

Volunteer Opportunities

Please check off volunteer opportunities that you would like to do:

- _____ **Class Parent** (This involves a minimal amount of time. You may be asked to help with class projects and/or to make calls to parents in the class.)
- _____ Special Projects
- _____ Religious School Office Help
- _____ Do you have any expertise related to Judaism you would like to share? Please explain.
- _____

Special Information

Student Name: _____ Phone: _____

PLEASE share with us any special information about your child that will help us work with him/her most constructively. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

1. My child receives the following educational support services in secular school:

2. My child has the following special behavior patterns or health concerns (e.g. allergies) that you should be aware of:

3. My child takes the following medication(s): **

4. Please also note:



**** If there is a chance your child will need an EpiPen, inhaler, Benadryl, etc. during Religious School hours, please provide us with an unopened package of the medication, instructions, and contact phone numbers in a plastic zip-lock bag.**

PLEASE SEND IN YOUR FORMS NO LATER THAN JUNE 15.