



TEMPLE KOL TIKVAH RELIGIOUS SCHOOL REGISTRATION FORM

DUE: AUGUST 15, 2016

A late fee of \$75 per child for returning families will be charged for late enrollment paperwork . (Fee waived for new families.)

In order to register your child, please complete and return with Temple Membership Form.

Student: Name: \_\_\_\_\_ Nickname: \_\_\_\_\_
Student Email: \_\_\_\_\_
Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ (MM/DD/YYYY)
Grade: \_\_\_\_\_ (2016-2017 school year) Public/Private School Name: \_\_\_\_\_ (2016-2017)
Please check the programs that you are registering for:
[ ] Tikvah Tots and Transitional Kindergarten: [ ] Sunday
[ ] Kindergarten- 3rd Grade Religious School: [ ] Sunday or [ ] Tuesday
[ ] 4th - 6th Grade Choose 1 from Section A and 1 from Section B
Section A: Select One
[ ] Traditional Religious School - Tuesday or [ ] Chodesh Program
Section B: Select One (Included in 4th-6th Grade Traditional Religious School and Chodesh Fees)
[ ] Sunday Hebrew Pods or [ ] Tuesday Hebrew Pods or [ ] Wednesday Hebrew Pods
7th-12th Grade Programs
[ ] Teen Tuesday (7th-9th) [ ] Tzedakah Teens (8th-12th)
[ ] Confirmation (10th-12th) [ ] Madrichim (8th-12th)

Parent/Guardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contacts

Authorized to pick up children regularly or in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

REQUIRED: Earthquake Emergency Out-of-State Contact:

Although we hope never to experience another major earthquake, we must be prepared. Local phone services may be disrupted, while out-of-state calls may be possible. We require that every family establish an out-of-state contact to act as a message center for your family in the event of a major earthquake.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**Medical Insurance & Physician Information**

Insurance Company: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group ID Number(s): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

**Student Name:** \_\_\_\_\_

*Check All That Apply*

- Food Allergy
- Emotional health concern
- Psychiatric diagnosis (depression, OCD, bi-polar, anxiety disorder)
- Medicine Allergy
- Has an IEP in private/public school
- Asthma
- Attention deficit disorder
- Headaches/migraines
- Physical disability
- Bleeding or clotting disorder
- Heart defect or disease
- Seizures
- Diabetes
- Learning disability
- Other

Please explain all of the checked items below. If more information is needed we will contact you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Some of this information will be shared on a "need to know basis" with temple and school staff. Please be sure to keep us informed of any health changes and/or concerns that may arise throughout the year.*

**MEDICAL CONSENT:**

IF REASONABLE ATTEMPTS TO REACH ME FAIL, I HEREBY GIVE MY CONSENT FOR:

Temple Kol Tikvah to arrange for emergency medical treatment by the doctor or dentist listed above, or if unable to reach preferred practitioners, by a licensed physician or hospital emergency room for treatment at their discretion. I agree to be responsible for the cost incurred by such medical attention.

The transfer of my child to my preferred hospital \_\_\_\_\_ or any hospital reasonably accessible.

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)

**Special Student Information**

It is important for us to make every student's experience worthwhile. We feel that the best way this is accomplished is through communication. Any information regarding learning styles, personality, social habits, or past history would be helpful. As always, please feel free to contact Rabbi Becky about any information that would help your child have a positive experience (phone: 818-348-0670 ext. 209, email: [rabbihoffman@koltikvah.org](mailto:rabbihoffman@koltikvah.org)).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any family arrangements which might affect the students' attendance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photo Release**

If you do **NOT** want Temple Kol Tikvah Religious School to use a photo of your child for marketing purposes, please initial here \_\_\_\_\_.