



Temple Emanuel of the Merrimack Valley

Rabbi Robin S. Sparr

**Religious School Registration Form
2018 - 2019**

Student's Name: _____

Hebrew Name: _____ Date of Birth _____

Home Address: _____

Home Phone: _____ Grade in Secular School: _____

Student's Email Address: _____

Previous Religious Education: _____

Does the student live with his/her parents or a guardian? ___ Please explain: _____

Name of Parent or Guardian: _____ Occupation: _____

Jewish? _____ If not, please share with us your religious tradition:

Cell Phone: _____ Work Phone: _____ Email: _____

Name of Other Parent or Guardian: _____ Occupation: _____

Jewish? _____ If not, please share with us your religious tradition:

Cell Phone _____ Work Phone: _____ Email: _____

Do both parents live at the above address? _____

Safety and Emergency Information

Will anyone who is not named above as a parent or guardian be picking your child up after Religious School?_____

If yes, please give their names here: _____

Children will not be released to anyone, not even another parent, if their name is not above or the office has been contacted with specific permission.

Emergency Contact Person (not a parent or guardian named above):

Name: _____

Relation to Student: _____

Phone Number(s):_____Cell: _____

In a medical emergency, if we cannot reach you or your emergency contact person, which physician would you like us to contact?

Name:_____Phone No: _____

Hospital affiliation: _____

Medical Insurance Company:_____

Group or Policy Number: _____

I authorize Temple Emanuel Religious school staff to engage such professional medical care or hospital services as may appear to be necessary or desirable for the protection of the health or life of my minor child.

Signature: _____

Any person who renders health care pursuant to this authorization shall be entitled to treat this as consent given by the undersigned. I agree to be responsible for any charges incurred in the rendering of such care and treatment.

Signature of Parent or guardian:_____ Date: _____

Printed name of Parent or guardian: _____

Please note:

- ✓ For enrollment in the Temple Religious School, you must be members in good standing of TEMV.
- ✓ **Tuition is due on the first day of Religious School.**

Signature of Parent or Guardian:_____Date: _____