



*Temple Emanuel of the Merrimack Valley*

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Rabbi Robin S. Sparr

**Religious School Registration Form  
2019-20, 5780**

Student's name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Student's Email Address: \_\_\_\_\_

Previous religious education: \_\_\_\_\_ Grade in secular school: \_\_\_\_\_

Parent/guardian #1 name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Name your kids call you: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious tradition:  Jewish  Other (please describe below)

\_\_\_\_\_

Phone (M): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_

Parent/guardian #2 name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Name your kids call you: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious tradition:  Jewish  Other (please describe below)

\_\_\_\_\_

Phone (M) \_\_\_\_\_ Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_

If Parent/guardian #2 resides at a different address, please provide it and their home phone here:

\_\_\_\_\_

Siblings and their ages: \_\_\_\_\_

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: \_\_\_\_\_

## Educational and Other Supports

At TEMV, we understand and celebrate the fact that every child is unique. Each child learns in various ways, each person has strengths and weaknesses. Personal information shared with the Religious School remains confidential and will only be shared with your child's teacher or others with your express permission.

If your child has a unique learning style or challenge, or any learning or intellectual disability, please explain.

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If your child has any social or emotional needs we should be aware of, please explain.

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Does your child have a Section 504 Plan or IEP?  Yes  No

If YES, please provide a copy to the Director.

Does your child have allergies or any other physical condition or limitation we should know about?

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Does your child take any medication?  Yes  No If yes, please list dosages and purposes for each medication.

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*We look forward to speaking with you and working with you in regards to the above. Your child's growth, health, and happiness as a young Jewish person is our foremost concern.*

## Health and Safety

Has your child been vaccinated?  Yes  No If no, please explain. Students must be in compliance with TEMV's Child Vaccination Policy.

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**Emergency contact person (not a parent or guardian named above):**

**Name:** \_\_\_\_\_ **Relation to student:** \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (M): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital affiliation: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Group or policy number: \_\_\_\_\_

Insurance policyholder name: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

## Other Permissions

I give permission for my child, \_\_\_\_\_, to go on Religious School field trips and to be driven, if needed, by another TEMV parent or teacher.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be photographed/video taped/audio taped as part of school activities or for promotional materials.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to be released to the following individual(s):

\_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*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.*

Printed name of parent or guardian who has signed above: \_\_\_\_\_