



**TEMPLE ISRAEL RELIGIOUS SCHOOL REGISTRATION FORM**  
**REGISTRATION FOR 5771 / 2010-2011**

I acknowledge that I must be a member in good standing in order for this registration to be processed. To be in good standing I must be current, in the view of the Temple, with all financial obligations entered into between myself/ourselves and Temple Israel, both past and present, or have made satisfactory financial arrangements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check:  Married  Divorced

Student's Name First/Last	Student's Hebrew Name	Date of Birth	Hebrew School Grade	Secular School Name & Grade for 10-11 school Year

Religious School	Grade	Days	Time	Cost
Gan—Bet (1 day option)	K-2 (Core Curriculum)	Sun.	10 am—Noon	\$500
Gan—Bet (2 day option)	K-2 (Core + Enrichment)	Sun & Tues	10-Noon & 4:30 –6:00	\$500
Gimmel—Vav	3—6	Sat, Sun & Tues	10-Noon & 4:30 –6:00	\$625
Zayin	7	Sat & Tues + Etgar	10-Noon & 4:30 –6:00	\$625

*\*Please be aware that more than 50% of each child's Religious School tuition is subsidized by Temple Israel\**

**Choose a payment option**

- Check Enclosed  Will pay in full by Dec. 31<sup>st</sup>, 2010  
**If by Credit Card:**  Visa  Master Card  Debit Card

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card in name of: \_\_\_\_\_

- One time charge (upon receipt of this form)  4 Equal Payments  6 Equal Payments

I/We are unable to pay the scheduled Temple Israel Membership Dues for 2010/2011. It is your responsibility to call Anne Weiss, Executive Director at the Temple Office, 704-362-2796 to discuss alternative arrangements.

**Due June 15<sup>th</sup>, 2010**

Received by TIRS _____
Received by TI _____
PD _____ Billed _____

Family Name: \_\_\_\_\_

## Emergency Information and Releases

*All information you share will be kept strictly confidential.*

### Emergency Contacts

In case of an emergency and a parent can not be contacted please contact:

Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

### Medical Treatment Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Information: \_\_\_\_\_

### Emergency Medical Treatment

If the legal guardian cannot be contacted in the case of a medical emergency, the Temple Israel Religious School has permission to transport the above named child to the physician or hospital as designated for necessary treatment.

\_\_\_\_\_  
Signature of Parent /Guardian

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

### Field Trip

Permission is granted for the above named child to participate in field trips planned for the Temple Israel Religious School. It is understood that the TI teaching staff and parents will supervise the field trips.

\_\_\_\_\_  
Signature of Parent/Guardian

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

### Photograph/Video Release

I hereby give permission to use the photograph/video of the minor named above for publicity, promotion, news releases, videos, and web use of Temple Israel Religious School. This might also apply to the written composition or visual art of the minor or myself if it is published.

\_\_\_\_\_  
Signature of Parent/Guardian

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

Family Name: \_\_\_\_\_

## **Educational Information**

*If you have more than one child, please be sure to note which child you are writing about.*

Is there anything else you think we should know about your child (temperament, strengths, etc.)?

Does your child/ren have any learning issues that we should be aware of (ADD, ADHD, speech & language, dyslexia, developmental delays, etc.)?

Does your child/ren have an IEP (Individual Education Plan) or a 504 plan at his/her secular school? Yes\_\_\_\_No\_\_\_\_

If yes, please describe how we can best implement the plan in our program.

## **TIKVAH Charlotte**

*Tikvah Charlotte is a joint special needs religious school program between Temple Israel, Temple Beth El and the Consolidated Hebrew High School of Jewish Studies. This program provides individual and group learning in Hebrew and Judaica and is geared for students who have difficulties in attending mainstream classes. If your child has specialized educational needs and you are interested in finding out more information about alternatives in Jewish education please contact Roz Cooper at 704-944-6782.*

Family Name: \_\_\_\_\_

## Friend Request

Please list **1** friend that you would like for your child/ren to be placed with. This request ***MUST*** be received by **June 15th to be considered.**

Name of your Student #1: \_\_\_\_\_ Name of Friend Request: \_\_\_\_\_

Name of your Student #2: \_\_\_\_\_ Name of Friend Request: \_\_\_\_\_

Name of your Student #3: \_\_\_\_\_ Name of Friend Request: \_\_\_\_\_



## Adopt A Shining Star: Celebrate Your Child's Jewish Education



For a minimum \$18 donation per child a Star of David with your child's photo will be displayed all year at Temple Israel Religious School.

- Yes, We would like to celebrate \_\_\_\_\_(number) of child/ren's Jewish Education by making a minimum \$18 tax deductible donation per child for a total of \$\_\_\_\_\_ .

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Check enclosed.

Bill me.

**The first day of the 2010-2011 school year will be September 12th, 2010.**  
Look for your information packet to arrive via mail in mid-August.