



TEMPLE CHAI RELIGIOUS SCHOOL REGISTRATION FORM 2011-2012

Use one form for up to 3 children

CHILD'S NAME _____ / ____ / ____ **M / F**
 (Last) (First) (M.I.) (Hebrew Name) (Birth Date) (Sex)

Child's email _____ Name of Secular School _____
 Grade as of 9/11 _____ School Zip _____ Grade in Rel. School _____

If this is a Jewish Day School, how many prior years has child attended Jewish day school(s)? _____ Years (not including preschool)

Please indicate any allergies your child has: _____

Is your child on any regular medication? No Yes If so, what kind? _____

Does your child have any physical or emotional condition of which we should be aware? No Yes

If yes, please explain: _____

Does your child have any special learning needs of which we should be aware? No Yes

If yes, please explain: (This is very important confidential information for our teachers to know.) _____

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IN CASE OF INJURY/ILLNESS AT SCHOOL OR YOUTH GROUP EVENTS, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN.

If you cannot be reached in case of emergency, give name of person to be notified:
 Name _____ Address _____ Cell Phone _____ Relationship _____

If the injury or illness is minor, give child(ren) first aid? No Yes Ambulance called? No Yes

If the injury is serious and parent or guardian cannot be contacted, do you wish your personal physician or dentist contacted? No Yes

Name of physician: _____ **Phone:** _____ **Name of dentist:** _____ **Phone:** _____

My child(ren) has permission to participate in all religious school and youth group classes/events. Temple Chai has permission to use photographs, videos and/or testimonials from participation in temple events in any of Temple Chai's publications or media presentations.

Parent Signature / Date

Checked box indicates address or addresses to which you prefer mail to be sent.

Parent's Name _____ Home Phone(____) _____ Work Phone(____) _____
 Address _____ Cell/Pager (____) _____
 Email _____

Parent's Name _____ Home Phone(____) _____ Work Phone(____) _____
 Address _____ Cell/Pager(____) _____
 Email _____

Are you a new member to Temple Chai this year? No Yes

If yes, Previous Jewish education (# of yrs. for each child) Hebrew _____ **Judaica** _____
 (Circle one please– Reform, Conservative or Orthodox)

IN ORDER TO BE SENSITIVE TO FAMILY NEEDS, DOES YOUR CHILD HAVE A NON-JEWISH PARENT? No Yes

WHICH PARENT? _____ **RELIGION:** _____

Student(s) Name	Student(s) Grade	Student(s) Total Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

In addition to the Religious School classes, I wish for my son/daughter and myself to participate in Family School.....\$105.00/ per child \$ _____

Please check one (1) box below to indicate how you would like to make your payment.

- _____ I will continue to make payment with the credit card on file
- _____ I am including a check for the full payment
- _____ I would like to pay via credit card and will call the accounting office at 602-971-1234 to make my payment
- _____ I will call the accounting office at 602-971-1234 to make other arrangements

NOTE: The Temple subsidizes your child's religious school education by 50%. Please do a mitzvah and make a tax deductible donation to help offset the real cost of your child's religious school education.

Donation Amount \$ _____

NOTE: Please submit separate registration form for the Madrichim program (grades 8-12) which is available in the school office.

- _____ YES! I would like more information about the Religious School Committee: Meets monthly to develop school policies, priorities and support teachers and programming.
- _____ I can help more often in the parking lot: once a month or every week or _____.
- _____ I am available to help in the school office with projects when contacted.

**For payment in full received before May 27, 2011 you will receive a discount of \$50 per student.
 Payment received after July 15, 2011 will incur a \$50 per student fee.
 Once we receive this form you are confirming registration for the 2011-12 school year.**

Total Amount Paid \$ _____

For Office Use Only:	Date Received: _____	By: _____	Check #: _____
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