

The Religious School at
Temple Beth Sholom of the East Valley



REGISTRATION 2017 – 2018

Ph: 480-897-3636 Fax: 480-897-3633

www.tbsev.org

Please list allergies: _____

Student's English Name _____ Today's Date _____

Student's Hebrew Name _____ Cohen Levi Yisrael N/A

Birthdate _____ Age _____ Gender _____

Home Phone _____ Grade in Secular School _____
(include area code)

Home Address _____
street address, city, zip

Student lives with both parents mother father other guardian

If student does not live with both parents, please provide address and phone number of other parent

_____ street address, city, zip home phone

Who has legal custody of the student? both parents mother father other guardian

Mother's English Name _____ **Please check one**

Mother's Hebrew Name _____ Cohen Levi Yisrael N/A

Mother's email _____ Mother's Cell _____
(please print clearly) Employ

Occupation _____ er _____

Business Phone _____ Business address _____
(including area code)

Father's English Name _____ **Please check one**

Father's Hebrew Name _____ Cohen Levi Yisrael N/A

Father's email _____ Father's Cell _____
(please print clearly)

Occupation _____ Employer _____

Business Phone _____ Business address _____
(including area code)

Which e-mail would you like used for Religious School communications? mother's father's both

Please list siblings and their ages _____

In the event of an emergency, the following people should be contacted if parents are not available.

1. Name _____ Relation _____ Phone _____

2. Name _____ Relation _____ Phone _____

In the event of an emergency, does TBS-EV have permission to contact your doctor and dentist? Yes No

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Does your child have any ongoing illness or health condition? Yes No

Does your child take any medication on a regular basis? Yes No

If yes, name of medication, dosage, frequency and amount of dosage and length of time on this medication.

Name of prescribing physician.

Do you give permission for the school to take your child to the hospital in an emergency when such action is advised by EMTs or hospital staff? Yes No

Is your child on an Individual Education Plan (IEP)? Yes No

Do you give permission for the school to take photos of your student and use them for publicity in the newspaper and on the TBS-EV website or Facebook? If nothing is marked, we will assume the answer is YES.

Yes No

Directory Information

Please indicate your preference for listing in the TBS-EV School Directory. This booklet will be printed this fall and distributed to all families with students in our Religious School.

Yes No Family Name

Yes No Child's Name

Yes No Child's Address

Yes No Child's Phone Number

Yes No Parent Names

Yes No E-mail Address

Volunteering

I/We are interested in helping with the following:

- as a room parent
- coordinating Shabbat Dinners
- preparing/setting up for Shabbat Dinners
- with fundraisers
- tutoring Hebrew
- with art projects
- with snack
- Other: _____