

# TEMPLE ISRAEL

## 2009-10 Religious and Hebrew School Registration Form

**PLEASE NOTE:** A completed registration form must be on file prior to a student starting.

### STUDENT INFORMATION

Returning Student       New Student

Student's Name: \_\_\_\_\_ Grade in the Fall of 2009: \_\_\_\_\_

Weekday School: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M / F

Interfaith household:  Yes  No      Interfaith extended family:  Yes  No

### **RELIGIOUS SCHOOL ENROLLMENT**

#### **SATURDAY 9:00-11:30 a.m.**

Pre-Kindergarten  
(students and parents meet 9 times per year on Saturday)

Pre-K Tuition: \$105/year

K-6 Tuition: \$490/year

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
- Sixth

#### **SUNDAY 9:00-11:30 a.m.**

- Kindergarten
- First
- Second
- Third
- Fourth
- Fifth
- Sixth

### **CHECK the program/grade requested:**

**7<sup>th</sup>/8<sup>th</sup> Grade Na'aseh V'nishma**

Tuition: \$600/year

Sundays: 12:00-2:30 p.m.  
Averages 2 sessions per month plus mitzvah work.

**9<sup>th</sup> Grade Kallah Program**

Tuition: \$595/year

Weekend retreats at Camp TEKO plus sessions at Temple Israel.

**10<sup>th</sup> Grade Confirmation**

Tuition: \$675/year

Wednesdays: 6:30-9:00 P.M.  
Averages 2 classes per month.

### **PARENT INFORMATION**

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Student resides with: \_\_\_\_\_

### **OTHER CHILDREN WHO LIVE IN THE SAME HOUSEHOLD:**

Last Name	First Name	Birth Date	Gender	Temple Program/Grade (if applicable)

You must be current in your financial obligations to Temple for your child to be enrolled.

Scholarships are available for those in need of financial aid for tuition.

Scholarship application deadline dates are May 1, August 1, November 1, and February 1;  
funds may be more limited after deadlines have passed.

Questions regarding your financial status may be directed to Myra Giesener, Chief Operating Officer at 612-374-0318.

Forms may be obtained by contacting Barb Brenn at [bbrenn@templeisrael.com](mailto:bbrenn@templeisrael.com) or 612-374-0356.



**EMERGENCY AND MEDICAL INFORMATION –**

**Please note this entire page must be completed for each child enrolled in Religious School and Hebrew School.**

**Student's Name** \_\_\_\_\_

**EMERGENCY CONTACTS:** If Parent(s)/Guardian(s) are **not** available in an emergency during **Religious School**, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If Parent(s)/Guardian(s) are **not** available in an emergency during **Hebrew School**, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Emergency Clinic \_\_\_\_\_ Phone \_\_\_\_\_

➔ **NOTE:** Please enclose a copy (front and back) of your medical insurance card with this form. ←

Please specify if your child will need to have medication administered during our school time: Yes No

**NOTE: No medication will be administered without parental consent. Contact the Education Office at 612-374-0356 for an authorization form.**

**PARENTAL CONSENT – I have read and agree to the following terms:**

- I give my child permission to attend the indicated education program(s) at Temple Israel. I hereby release and hold harmless Temple Israel, and their respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Temple Israel's education programs and participation in any of its programs and activities, and/or use of its facilities.
- I understand that students must remain on Temple grounds from the time they arrive through their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child to leave the grounds to participate in educational programs, under the supervision of the program staff.
- Temple Israel has my permission to photograph and videotape my child in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, publications, web based historical archive or the presentation of Temple educational programs to the community unless otherwise notified in writing by the parent/guardian.
- I understand that the addresses, phone numbers and email information of students may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parents.
- The costs of first-aid and minor medical care performed on the premises, and not requiring a physician, are covered by the tuition fee. The costs of all other medical care and associated services are the financial responsibility of the student's legal guardian.
- I agree to abide by the refund policy stating that we are unable to refund any educational program fees once the school year has started.

x

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date Signed*

Is there any additional information we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Confidential Student Profile**

**\*This form will be used for educational planning purposes only. Its contents will be viewed only by your child's principal, teacher(s), and/or providers of special education services.**

1. Does your child have an Individual Education Plan (IEP), 504 Plan, OHD – Other Health Disability Plan, or other educational plan *from the public school district*?  Yes  No

2. Does your child have a *private school-generated* education plan providing modifications?  Yes  No

***If yes to questions 1 or 2, attach a copy of your child's current educational plan (IEP, 504, or OHD) to this form.***

3. Does your child receive support services in or out of their school day (special education/resource support, paraprofessional, one-on-one aide, private therapist, private tutor)?  Yes  No  
If so, provide details.

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4. Please check the appropriate box(es) that apply to your child.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ADHD/ADD                              | <input type="checkbox"/> Allergies                  | <input type="checkbox"/> Anxiety                       |
| <input type="checkbox"/> Asthma                                | <input type="checkbox"/> Asperger's Syndrome        | <input type="checkbox"/> Autism/PDD                    |
| <input type="checkbox"/> Conduct/Oppositional Defiant Disorder | <input type="checkbox"/> Depression                 | <input type="checkbox"/> Developmental/Cognitive Delay |
| <input type="checkbox"/> Emotional/Behavioral Disorder         | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Epilepsy/Seizures             |
| <input type="checkbox"/> Hearing Impairment                    | <input type="checkbox"/> Learning Disability        | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Physical Disability/Cerebral Palsy    | <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Tourette's Syndrome           |
| <input type="checkbox"/> Visual Impairment                     |   |  |

5. Does this condition impact your child's school performance? If yes, provide details.  Yes  No

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6. Would you like us to contact you to discuss this information further?  Yes  No

7. Was a referral for assessment of concerns at school recently made or is one in progress?  Yes  No  
If yes, please explain.

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8. Does your child take medication? If yes, provide names of medication(s) and, if needed during school hours, the times administered.  Yes  No

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9. Other information regarding your child's health or education that you would like to share.

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Name and relationship to child of person completing this form.

\_\_\_\_\_  
(Please print name and relationship)

\_\_\_\_\_  
(Signature)