

TEMPLE BETH-EL RELIGIOUS SCHOOL REGISTRATION FORM—2009-2010
Student Information

First Name	Middle Name	Last Name	Nick Name	Hebrew Name	
Street address		City ó Zip Code	Home phone	Student's cell phone	Student's email address
Birthdate	Age	Gender	Public or Private School child attends in 2009-2010	Secular Grade	

I am enrolling my child in the following classes (Refer to choices listed below):

Religious School Grade AH-HAH (age 3) (Sunday-once a month) Pre-K (age 4) (Sunday-once a month) Kindergarten ó Confirmation (Sunday)	Weekday Hebrew level (Grades 3 – 6) 1 st year = Alef 2 nd year = Bet 3 rd year = Gimel 4 th year = Dalet	Choice of day/location for Weekday Hebrew Tuesday/EKA or Wednesday/TBE
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Names/Grades of siblings enrolled in our school _____

Family Demographic Information
 (please make changes, corrections, or additions to the information below)

Parent 1: _____
 Title, First and Last Name Home Phone Cell Phone Work Phone

Street Address City/State/Zip Code Email Address (please print clearly)

Parent 2: _____
 Title, First and Last Name Home Phone Cell Phone Work Phone

Street Address City/State/Zip Code Email Address (please print clearly)

With whom does child reside? _____ **Who is responsible for payment of school fees?** _____

PHOTOGRAPHIC RELEASE: *I give permission for my child's photo to be posted on the Temple Beth-El website.* **(initial one)** _____ **YES** _____ **NO**

**TEMPLE BETH-EL RELIGIOUS/HEBREW SCHOOL 2009-2010
LEARNING NEEDS PROFILE**

Each child is unique and learns in a special individual way. We would like to create a positive learning experience for him/her in our school. To help us achieve this goal, it would be useful to understand your child's specific learning style. All of this information will assist in determining the needs of our school. Please take a moment to fill out this profile and return it with your registration forms to the Education Office. All information will be kept confidential. Only the classroom teacher and the Education Director will have access to this information. We would welcome the opportunity to meet with you (and your child) to assure the best learning environment possible within Temple Beth-El.

First Name	Middle Name	Last Name	Home Telephone Number
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Religious School Class	Hebrew School Class	Grade Level in Secular School	Name of Secular School/District
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1. Does your child have any special needs that would affect his/her choice of seating location? Please explain.
a) Vision b) Hearing c) Distractibility d) Other

2. Have you or your child's secular school identified your child as having any special learning needs? For example, does your child receive any individualized modifications or attend special classes in his/her school? If so, please describe, or attach a copy of modification sheet. (Dyslexia, Reading, Speech, Social Skills, Special Education services)

3. Are there any specific health factors that we should be aware of? (i.e. seizures, medication, food/medicine allergies, etc.) Please give instructions in the event that you are unavailable in case of an emergency.

4. Has there been any disruption in your child's life or the life of the family of which we should be aware? (i.e. separation or divorce of parents, major illness or death in the family, or other traumatic event) ____yes ____no If yes, please explain.

5. We understand that cultivating Jewish friendships is important to our families. Having a best friend in class can be comforting and motivating for some students, for others it can be a distraction. You have the **option** to request that your child be placed with **one** friend, but please understand that this is not a guarantee (so please don't make promises to your child). Many factors are involved in forming a balanced class, and the Education Director will make the final decision on class placements. ***Special requests should be made at the time of registration, those made after August 1st may not be considered.***

I request that my child be placed with _____

Parent's Signature _____ **Date:** _____