



**Temple Beth Shalom Religious School Registration**  
**Teen Life 2017 -2018 • Please Return by 8/18/2017**

PLEASE INDICATE CHOICE OF PROGRAM REGISTRATION

Teaching Assistant     8th Grade Chavura     Tikkun Olam

Participant's Name \_\_\_\_\_

Nickname \_\_\_\_\_

M / F *(circle one)*

Birthdate \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade \_\_\_\_\_

Name of Current School \_\_\_\_\_

Home Address \_\_\_\_\_

Participant's Email \_\_\_\_\_ Participant's Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

Parent's Name \_\_\_\_\_ Preferred Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

Status of Parents *(check one)* Married  Divorced  Widowed  Other \_\_\_\_\_

Additional Parent/Guardian Name *(if applicable)* \_\_\_\_\_

Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

**STUDENT PHOTO REQUIRED**

Please be sure to email a photo of your child to:  
 laurenceholzman@tbsastings.org  
 with his/her name and grade  
 in the subject line.

Please describe your teen's goals and interests in participating in the programs selected:

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Are there health issues, allergies, or concerns that might affect your teen's participation at Religious School?  
Please be sure to list any food allergies and/or restrictions:

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Has your teen ever been evaluated and received/receiving services for special needs?

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TAs AND CHAVURA PLEASE INDICATE WHICH SESSION(S) YOU PREFER:

\_\_\_\_\_ **Sunday 1st Session (9:15-11:00 am)**

\_\_\_\_\_ **Sunday 2nd Session ( 11:15 am- 1:00 pm)**

\_\_\_\_\_ **Monday (3:30-5:20 pm)**

\_\_\_\_\_ **Wednesday 1st Session (3:30-4:20 pm)**

\_\_\_\_\_ **Wednesday 2nd Session (4:30-5:20 pm)**

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If your teen will be a TA (Grade 9-12), please indicate which option he/she would prefer:

Community Service \_\_\_\_\_ Salary \_\_\_\_\_ For salary, provide teen's Social Security number \_\_\_\_\_

Teen Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



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**Medical Consent**

In the event that your teen is seriously injured while he/she is in the school, every effort will be made to reach you and your family physician. If we are unable to reach either, it may be necessary to use hospital emergency facilities.

No hospital is permitted to give emergency treatment to a teen without parental consent. Therefore, please fill out this form so that we may keep it in our files. Please notify us immediately of any medical information changes.

I \_\_\_\_\_ consent that my child \_\_\_\_\_  
(Parent or Guardian) (Name)

receive such medical treatment as is deemed necessary by the attending physician in case of a medical emergency.

Known drug allergies are \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

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**Emergency information**

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Numbers (excluding parents- we will try to contact parents first)\*

1. Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

\*YOUR EMERGENCY NUMBERS SHOULD INCLUDE ONE PERSON WHO WOULD BE AVAILABLE TO PICK UP YOUR CHILD IF HE/SHE NEEDS TO BE PICKED UP AT SCHOOL.



Temple Beth Shalom • Teen Life • 2017-2018

Activity and Photograph/Film Permission Slip • Please Return By 8/18/2017

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I grant permission for my teen to participate in all of the activities of the **Teen Life program at Temple Beth Shalom.**

Throughout the year the we may digitally photograph or video/film our teens enjoying their activities at the Temple. For non-profit purposes, we also have the opportunity to display and distribute to our families photos of the children in print, electronic publications, or on our website. Occasionally, we may submit a photo for a press release, of which we will keep you informed should it occur.

By signing below you grant permission for your teen to be included in all of the above.

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

Parent's Signature: \_\_\_\_\_

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

