



Temple Beth Shalom Religious School Registration

TeenLife 2016 -2017 • Please Return by 8/12/2016

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 _____

Parent's Name _____

Home Phone _____ Email Address _____

Work Phone _____ Cell Phone _____

Home Address (*if different from student's*) _____

Parent's Name _____

Home Phone _____ Email Address _____

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*) _____

Place photo of student here, or
email photo to:
laurenceholzman@tbshastings.org
with your teen's name in the subject line.

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

Are there health issues, allergies, or concerns that might affect your teen's participation at Religious School?

Has your teen been evaluated and/or currently receiving services for special needs?

T.A.'S 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)

Is this for Community Service?: Yes No

Teen Signature: _____ Parent Signature: _____