Temple Shaarei Shalom
Your Jewish Connection

Temple Shaarei Shalom Religious School
2019-2020 Returning Student Registration Form

Please fill out all information fields and return signed form to complete registration.

Name: _____ 19-20 Expected RS Grade:_____

Birthday: _____ Preferred Gender: _____

Public/Private School Attending (19-20 Year):_____Grade_____

Child's Hebrew Name: _____

Address: _____

Does your child use or require any medications daily:_____

If Yes, What medications and when are they administered:_____

Reason for Medications: _____

Allergies: _____

Additional Health Concerns: _____

Does your child have an IEP or 504? _____
If YES, please provide a copy of **most recent IEP or 504 Plan with Registration that we may reach out to discuss best plans and strategies for the success of your child.*

Parent 1 Name: _____

Parent 1 Phone: _____

Parent 1 Email: _____

Parent 2 Name: _____

Parent 2 Phone: _____

Parent 2 Email: _____

(Please complete side 2)

9085 Hagen Ranch Road • Boynton Beach, FL 33472 • Telephone (561) 364-9054 • Fax (561) 364-1506
temple@templeshaareishalom.com • Website: www.templeshaareishalom.com
Member of the Union for Reform Judaism (URJ)

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**Emergency Contact must NOT be parents. Parents are primary contact in case of emergency followed by Emergency Contacts.*

Emergency Contact 1 (Relationship & Phone): _____

_____

Emergency Contact 2 (Relationship & Phone): _____

_____

(If there are any custodial or legal arrangements that may affect your child/children while at Temple Shaarei Shalom, please provide the details to the Education Director.)

PLEASE INITIAL NEXT TO THE FOLLOWING GRANTING THE TEMPLE PERMISSION TO:

_____ **2019-2020 MEDIA RELEASE AND PERMISSION**: I hereby give permission to Temple Shaarei Shalom to take and use still photos and video of my child for appropriate media coverage including for the Temple Shaarei Shalom website and Facebook page and for the Lorraine and Jack N. Friedman commission for Jewish Education of the Palm Beaches and other Jewish agencies.

_____ **2019-2020 HEALTH & SAFETY RELEASE:** I hereby give permission for the minor child to attend any school activity sponsored by Temple Shaarei Shalom Religious School. I hereby do release and hold harmless Temple Shaarei Shalom and its trustees, agents, officers, servants, and employees against loss (including reasonable attorney's fees) from any and all claims, or causes of action of any kind or nature that may be brought by or on behalf of the said minor child or by me arising out of any and all known or unknown, foreseen and unforeseen bodily or personal injuries, damages to property and consequences thereof, which may be sustained by the minor or by me, arising out of or in connection with the minor child's participation in this activity, except such liability or claim of liability as may result from gross negligence on the part of Temple Shaarei shalom. If the minor child should suffer an injury or illness during school time, or on any school related trip, I authorize the employees of Temple Shaarei Shalom to use their discretion to transport or to have the minor child transported to any medical facility and hereby give consent in my absence have the minor child treated at any medical facility, and I take full responsibility for that action.

By signing this, I agree all information provided is correct and I am agree to pay the registration fee of $100 for my first student and $10 any additional student to enroll my child in Temple Shaarei Shalom's Religious School for the 2019-2020 school year.

_____

Parent Signature Date

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