



# Temple Shaarei Shalom Religious School Student Registration Form

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

Name: \_\_\_\_\_ Expected Grade (upcoming year): \_\_\_\_\_ Year: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Preferred Gender: \_\_\_\_\_

Public/Private School Attending (upcoming year): \_\_\_\_\_

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

Address: \_\_\_\_\_

Does your child use any medications we should be aware of: \_\_\_\_\_

If Yes, what medications and when are they administered: \_\_\_\_\_

Reason for Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Additional Concerns: \_\_\_\_\_

Does your child have an IEP or 504? \_\_\_\_\_

*\*If YES, please provide a copy of most recent IEP or 504 Plan with Registration so that we can optimize your child's experience.*

Parent 1 Name: \_\_\_\_\_

Parent 1 Phone: \_\_\_\_\_

Parent 1 Email: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Parent 2 Phone: \_\_\_\_\_

Parent 2 Email: \_\_\_\_\_

9085 Hagen Ranch Road, Boynton Beach, FL 33472

561-364-9054

[www.templeshaareishalom.com](http://www.templeshaareishalom.com)



**PLEASE PROVIDE NAMES THAT WE CAN CONTACT IN AN EMERGENCY IF WE CANNOT MAKE CONTACT WITH THE PARENTS/GUARDIANS.**

Emergency Contact 1 (Relationship & Phone): \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact 2 (Relationship & Phone): \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** We will not release students to anyone other than those that appear on this form without your express consent. Please send a note with your student, or call our office, to arrange alternative pickup arrangements.

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

\_\_\_\_\_ **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.

\_\_\_\_\_ **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 initialing here, I agree to pay the registration fee of \$100 before my child will attend Temple Shaarei Shalom Religious School for the \_\_\_\_\_ school year.

By signing this, I agree all information provided is correct to enroll my child(ren) in Temple Shaarei Shalom's Religious School for the \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date