Temple Aliyah Religious School

The Sevran Family Center for Judaic Studies

Registration 2008-2009

Parent's Information

Temple membership is under:

- ☐ Family
- ☐ Mother
- ☐ Father

Primary residence of student(s):

- ☐ Family ☐ Father
- ☐ Mother ☐ Other __________

Who should receive mail?

- ☐ Family ☐ Father
- ☐ Mother ☐ Other __________

PLEASE PRINT ON THIS FORM

PARENT ONE INFORMATION:

circle one: Dr. Mr. Mrs. Ms.

☐ Step-Parent or Guardian (if applicable) ☐ Jewish

Full Name: ______________________________

Home Address: ______________________________

____

Occupation: ______________________________

Business Telephone: (_______) ______________________________

Home Telephone: (_______) ______________________________

Cellular Telephone: (_______) ______________________________

E-mail address: ______________________________

PARENT TWO INFORMATION:

circle one: Dr. Mrs. Mr. Ms.

☐ Step-Parent or Guardian (if applicable) ☐ Jewish

Full Name: ______________________________

Home Address: ______________________________

____

Occupation: ______________________________

Business Telephone: (_______) ______________________________

Home Telephone: (_______) ______________________________

Cellular Telephone: (_______) ______________________________

E-mail address: ______________________________

Children's Information

	Child's Full Name	Child's Hebrew Name	Date of Birth	Sex	Grade for 2008 - 2009 School Year (circle one)	Days Planning to Attend (Please check one)	Please indicate any special services each child may need to receive at school
1)				male or female	K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Otzar	☐ Monday/ Wednesday ☐ Tuesday/Thursday ☐ Wednesdays (for K-1st grade) ☐ Thursday (for K-1st grade) ☐ Tuesdays (Otzar Program)	
2)				male or female	K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Otzar	☐ Monday/ Wednesday ☐ Tuesday/Thursday ☐ Wednesdays (for K-1st grade) ☐ Thursday (for K-1st grade) ☐ Tuesdays (Otzar Program)	
3)				male or female	K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Otzar	☐ Monday/ Wednesday ☐ Tuesday/Thursday ☐ Wednesdays (for K-1st grade) ☐ Thursday (for K-1st grade) ☐ Tuesdays (Otzar Program)	

PLEASE FILL OUT YOUR CHILDREN'S EMERGENCY INFORMATION ON THE OTHER SIDE OF THIS PAGE.

If you have any questions please contact the education office at (818) 346-3545 or religiousschool@templealiyah.org

When information applies to all children, print information once in the **Student 1** column and check the box under ***"Applies to all."***

Emergency Information: PLEASE PRINT

	Check if information ***Applies to All*** *children*	Student 1	Student 2	Student 3
First Name:	🡇			
Student Nickname:				
Secular School:	☐			
Full name of 1st Emergency Contact:	☐			
Relationship to Student:	☐			
Home Telephone:	☐	Area Code ( )	Area Code ( )	Area Code ( )
Business Telephone:	☐	Area Code ( )	Area Code ( )	Area Code ( )
Cellular Telephone:	☐	Area Code ( )	Area Code ( )	Area Code ( )
Full name of Out of State Emergency Contact:	☐			
Relationship to Student:	☐			
Primary Telephone:	☐	Area Code ( )	Area Code ( )	Area Code ( )
Name of Primary Doctor:	☐			
Doctor's Telephone:	☐	Area Code ( )	Area Code ( )	Area Code ( )
Medical Insurance Company and Policy Number:	☐			
If necessary please attach additional information	**HEALTH CONCERNS:**	☐ Asthma ☐ ADD ☐ ADHD ☐ LD Other:	☐ Asthma ☐ ADD ☐ ADHD ☐ LD Other:	☐ Asthma ☐ ADD ☐ ADHD ☐ LD Other:
		☐ Allergies/list below	☐ Allergies/list below	☐ Allergies/list below
Request for Class Placement *(we will do our best to meet all requests that are made, in writing prior to our application deadline*				
List additional adults and their relationship, who have permssion to pick up your children.				

I/We the undersigned parents(s) of Minor(s) ________________________________ do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special treatment and hospital service that may be rendered to said minor under the general or special instructions of our physician or other physician called in any emergency by the Principal, the Rabbi, or responsible adult in the event I/we cannot be reached; whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that conscientious effort will be made to notify me or my spouse before such action is taken; but, if this is not possible, the expense of this service will be accepted by me. It is understood that this consent is given in advance of any specific diagnosis or treatment being required. This consent shall remain effective until revoked.

Print Name of Parent/Guardian ______________________

Signature of Parent/Guardian ______________________

Date ____________