



Hebrew School Registration

Student's Name:

Address:

Phone Number:

Date of Birth:

Child's Hebrew Name:

Name of School and Grade (as of 9/11):

Father's Name:

Mother's Name:

Address:

Address:

Cell Phone:

Cell Phone:

Email Address:

Email Address:

With whom does student reside?

Circle the best way to contact you with general information and announcements?

Mother's email Father's email Regular mail

In case of emergency notify:

1. Name:

Phone:

2. Name:

Phone:

3. Name:

Phone:

Please include \$700 (including the \$75 non-refundable books & material fee) for the first child and \$650 for all subsequent family members (including the \$75 non-refundable fee) check for 2010/11 Hebrew School Tuition or \$125 deposit with the remainder due by July 15, 2010.

Check # Amount \$

Check should be made out to Temple Shir Hadash, P.O. Box 221, Westford, MA 01886.

It is in your child's best interest for us to have as much information as possible about him/her in the following areas. If circumstances change during the school year, please notify the teacher/educational director or set-up a confidential meeting.

- 1. MEDICAL: Are there any allergies, medical issues or conditions about which we should be aware? Please explain or describe. If yes, are there any specific procedures that should be followed, or should a specific person be consulted?**

Does your child take any medication on a regular basis? If yes, please explain and provide information that would be important for us to know about the medication and/or the condition for which the medication is prescribed.

- 2. EDUCATIONAL: Does your child receive any specific academic support to optimize his/her learning experience?**

Does your child have any specific learning strengths or weaknesses that our staff should know about?

Are there any social/emotional matters about which the staff should know to help make your child's experience in our religious school successful?

I give permission for _____ (child's name) to be photographed at Temple Shir Hadash events. I understand that these photographs may be used in the newsletter and appear on the TSH website. I understand that my child's name will not appear with any picture posted on the website.

Date

Signature