

TEMPLE EMANUEL
RELIGIOUS SCHOOL REGISTRATION 5770/2009-2010
1101 Springdale Road, Cherry Hill, NJ 08003 856-489-0035

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD ENROLLING.

**Deadlines: July 1 for 1st priority for session requests and friend placements.
August 1 to receive a financial incentive of a \$150 discount per child, per class.
(All new students to the school will receive the \$150 discount regardless of when they register.)**

Student's Name _____
Last First Middle Hebrew Name

Address _____
Street City State Zip Code

Home Telephone _____ Date of Birth _____ Child's Email _____
Month/Day/Year

Is this your child's first year at Temple Emanuel's Religious School? Yes _____ No _____
Can we publish your address and phone number for class lists? Yes _____ No _____
Can we use your child's picture in newsletter articles and publicity? Yes _____ No _____
Some teachers choose to have a class parent. If your child's class does, would you like to volunteer
as a Class Parent? Yes _____ No _____

Name of public/private school _____ Grade as of September 2009 _____

Parent 1 Name _____
Dr./Mr./Mrs./Ms. First Middle Last

Address _____

Telephone Numbers – Day _____ Evening _____
Cell Phone _____ Email _____

Parent 2 Name _____
Dr./Mr./Mrs./Ms. First Middle Last

Address _____

Telephone Numbers – Day _____ Evening _____
Cell Phone _____ Email _____

Child lives with Mother _____ Father _____ Both _____ Other _____

In case of emergency, please contact (other than parent):

Name phone # relationship to child
Doctor's name & telephone Number:

In case of emergency, I hereby authorize (by my signature on this application) the Rabbi for Lifelong Education, Rabbi or teacher to call my physician or to take my child to the nearest hospital to receive appropriate emergency treatment. Please initial:

For office use only Date Received:

PLEASE COMPLETE QUESTIONS ON REVERSE SIDE

Please respond to the questions below. All information will remain confidential.

Are there medical concerns (i.e. allergies, medications, visual problems, frequent need to use bathroom, nosebleeds, chronic illness, etc.) of which the school should be aware?

Does your child have any learning considerations in reading, writing, comprehension, organization, speech/language, attention, etc. of which the school should be aware?

What special services, if any, does your child receive in secular school or privately?

The Religious School office must be notified in writing if there are custody issues and/or are any persons **unauthorized** to pick up your child/ren (early dismissal only).

Signature of Parent: _____ **Date** _____

Please complete the chart below for students in Pre-School Sundays & K through 7th Grade ONLY
Information for all other grades and programs can be found on the instruction sheet.

Grade	Sunday Session	
	I 9:00 – 11:00 AM	II 10:30 – 12:30 PM
Pre-School Sundays 1 morning/month		Not Offered
K		
1		
2		
3		
4		
5		
6		
	Hebrew School	
2 nd Grade (Head Start Hebrew)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
3 rd Grade (Hebrew I)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
4 th Grade (Hebrew II)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
5 th Grade (Hebrew III)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
6 th Grade (Hebrew IV)	Tuesday 4:15-6:15 PM	Wednesday 7-8:30 PM
	Course Selection for 7 th Grade STAR Program	
All 7 th grade students take a core class and an elective. Please select either Jewish Lifecycles or Conversational Hebrew as your elective.	Track 1 Core Class & Jewish Lifecycles	Track 2 Core Class & Conversational Hebrew

Placement Requests

Each student may request to be placed with up to 2 friends for Judaica classes only. These requests must be mutual to be fulfilled. We will do our best to fulfill these requests. Requests made on forms returned by the July 1 will be given first priority.

Please place my child with 1.

2.