

Religious School Registration and Emergency Form

	Parent/Guardian	Parent Guardian
First and Last Name		
Address		
Home Telephone		
Work Telephone		
Cellphone		
Email		
Child resides with (check both boxes if both)		

Child's email address _____

Should we add anyone else, other than the above, to our outreach (mailing list, phone tree, etc?)

Name:		
Relation to child:		
Email:		
Mailing address:		
Phone Number:		
DOB (if necessary)		

List all children enrolling in Religious School for September 2018

Student's name	Birth Date	Age and grade of child in weekday school	Religious School year
1.			
2.			
3.			

Child #1 _____
Child #2 _____
Child #3 _____

Please list 3 names to whom student may be released in case of emergency if parents cannot be reached:

Name	Relationship	Phone
1. _____		
2. _____		
3. _____		

Anything we should know about your child before the start of the school year? (Arranging a meeting with the Ed. Director, and/or Rabbi is an option too, should you need)

What expectations do you have regarding your child's Jewish education at Temple Beth David Religious School?

Would you be willing to volunteer at our school? How?

Medical Release Consent (copy for each child)

Child # _____

Doctor's Name _____ Phone (_____) _____

Allergies or special medical conditions

May we administer Tylenol/Ibuprofen to your child? Yes No

I/we hereby give permission for the enrolled child(ren) to be given emergency care as administered, authorized or directed by any adult person acting on behalf of Temple Beth David Religious School. Such care may include x-ray examination, rendered to said minor under the provisions of the Medicine Practice Act; anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth David Religious School personnel will try, but not be required, to communicate with me prior to such treatment.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____

Visual/Audio Image Release

I/we hereby grant permission to Temple Beth David of the San Gabriel Valley, its employees and agents, to take and use visual/audio images of my child listed below. Visual/Audio images are any type of recording, including photographs, digital images, drawings, rendering, voices, sounds, video recordings, audio clips, or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as Temple-sponsored websites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as other community uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Temple Beth David of the San Gabriel Valley and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking or use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Signature of parent/guardian #1 _____ Date _____

Signature of parent/guardian #2 _____ Date _____