

Temple Beth Or

Religious / Hebrew School Registration 2008-2009

Rabbi David Burstein, Education Director

Please complete a separate registration form for each child.



Name: _____

Birth Date: _____

Registering for:

Preschool	_____	Grade:	_____
Religious School (K-9)	_____	Grade:	_____
Hebrew School (3-6)	_____	Grade:	_____
Confirmation (10)	_____	Grade:	_____
High School (11-12)	_____	Grade:	_____

2008-2009 School year

School: _____

Grade: _____

Father: _____

Address: _____

- I would like to be a Room Parent
 DO NOT list my contact info in a student directory

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

YOUR EMAIL ADDRESS IS IMPORTANT SO WE CAN COMMUNICATE SCHOOL CLOSING AND OTHER INFORMATION!

Mother: _____

Address: _____

- I would like to be a Room Parent
 DO NOT list my contact info in a student directory

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

YOUR EMAIL ADDRESS IS IMPORTANT SO WE CAN COMMUNICATE SCHOOL CLOSING AND OTHER INFORMATION!

Child Lives with _____ Marital Status: _____

LIST ALLERGIES AND PRECAUTIONS / TREATMENTS

Who is authorized to pick up your child other than parents?

Emergency Contacts:

Doctor's name: _____ Phone number _____

Dentist's name: _____ Phone number _____

Two emergency contacts other than parents:

Name: _____ Phone Number: _____ Relationship _____

Name: _____ Phone Number: _____ Relationship _____