

TEMPLE BETH EL OF HUNTINGTON

Separate Card Required for Each Child Registered

Check here if non-member

REGISTRATION FORM

CLASS ASSIGNMENT

SESSION CHOICE Please circle preference: Early Session Late Session	SECULAR SCHOOL GRADE IN FALL	RELIGIOUS SCHOOL GRADE IN FALL
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MALE

FEMALE

STUDENT'S LAST NAME _____

FIRST NAME _____

Mother's Name _____ Student Date of Birth _____
Month Day Year

Father's Name _____ Email Address _____

Address _____
House Number Street Town Zip Code

Telephone – Home _____ Work _____

IMPORTANT!
IN CASE OF EMERGENCY CALL _____
Name Telephone

Do both parents live at home?

Separated Divorced Widowed Remarried

What secular school does your child attend?

For Office Use
Date Received

Does the student have any physical or health problems of which the school should be aware (*visual loss, hearing loss, asthma, epilepsy, etc.*) _____

Does the student read on grade level in secular school? _____

Please list any allergies or medications: _____

Parent Volunteers
_____ School Board
_____ Parent Liaison
_____ As Needed

Class Phone List
<input type="checkbox"/> Please check here if you do not want your child's address and phone number included on the class list

Photo Release
Please sign here to give Temple Beth El permission to use any photographs taken of your child in school.
