



ROTHMAN RELIGIOUS SCHOOL
at Temple Emanu-El of Palm Beach
 190 N. County Rd., Palm Beach, FL 33480
 561-832-0804 www.tepb.org
2011-2012/5772 Registration Form

Director: _____ Admin: _____ Bookkeeper: _____

STUDENT INFORMATION

Child 1: (m/f) First Name _____ Last Name _____
 Hebrew Name _____ Birthdate _____ Child lives with _____
 2011-2012 Grade in School _____ Secular School _____
 Special Needs/Medications: _____

Child 2: (m/f) First Name _____ Last Name _____
 Hebrew Name _____ Birthdate _____ Child lives with _____
 2011-2012 Grade in School _____ Secular School _____
 Special Needs/Medications: _____

Child 3: (m/f) First Name _____ Last Name _____
 Hebrew Name _____ Birthdate _____ Child lives with _____
 2011-2012 Grade in School _____ Secular School _____
 Special Needs/Medications: _____

PARENT/GUARDIAN INFORMATION

Father's First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Hm No. _____ Wk No. _____ Fax No. _____
 Email Address _____ Mobile No. _____

Mother's First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____
 Hm No. _____ Wk No. _____ Fax No. _____
 Email Address _____ Mobile No. _____

EMERGENCY MEDICAL CONTACTS

I hereby authorize the Religious School staff and volunteers to make medical emergency contacts and transport my child(ren) for emergency medical care should the need arise.

Parent Signature _____ Date _____
Parent signature is required for application to be accepted.

Primary Doctor: _____ Phone: _____

Primary Dentist: _____ Phone: _____

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PAYMENT FORM

Complete form and return with payment (check/credit card) to:
Temple Emanu-El of Palm Beach, 190 North County Rd., Palm Beach, FL 33480

<u>Program</u>	<u># of Students</u>		<u>Cost</u>
K-6 th Member	_____	x \$300	_____
K-6 th Non-Member	_____	x \$400	_____
		Total:	_____

- Check Enclosed \$ _____
- Paying By Credit Card Enclosed \$ _____ circle one: VISA MC Discover

Credit Card Number _____ Expiration Date _____

Cardholder's Signature _____

Credit card billing address if different: _____

If a family is in need of financial assistance, please contact David Schreier, Synagogue Administrator, at 561-832-0804.

PHOTO/PUBLICITY RELEASE

Temple Emanu-El of Palm Beach may use my child(ren)'s photo in TEPB publicity materials.

Parent Signature _____ Date _____

Parent signature is required for child(ren) to be in synagogue publicity.

EMERGENCY CONTACT

Non-Parent Emergency Contact _____ Phone No. _____

Relationship to child _____

List all persons (other than child's parents) authorized to pick up the enrolled child(ren) at Religious School

(These persons will be required to show proper identification at the time of pick up)

VOLUNTEER OPPORTUNITIES

We strive to offer the best after-school Jewish program and in order to succeed, we need additional help. Please select from the following Religious School activities. If you have any special skills, please share them with us.

Please circle any of the following volunteer opportunities that interest you:

Religious School Committee, Fundraising (proceeds to school), Tzedakah Project (proceeds to charity), Office Help, Shabbat Dinners, Teaching/Teacher Assistant, Events, Teacher Appreciation Shabbat, other. _____