 **“Creating interesting, positive, engaging Judaism”**

Rothman Religious School

**Temple Emanu-El of Palm Beach**

190 North County Road, Palm Beach, FL 33480

**T** 561.832.0804 **F** 561.832.0811 [www.tepb.org](http://www.tepb.org)

**2019 –2020 / 5780 Registration Form**

Director: Admin: Bookkeeper:

**Student Information**

**Child 1**: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Last Name \_\_\_\_ \_\_\_\_\_\_

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_ Child lives with\_\_\_\_\_\_\_\_\_\_\_

2019-2020 Grade in School\_\_\_\_\_\_\_\_\_\_\_ Secular School \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Special Needs/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child 2**: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Last Name

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_ Child lives with\_\_\_\_\_\_\_\_\_\_\_

2019-2020 Grade in School\_\_\_\_\_\_\_\_\_\_\_ Secular School \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Special Needs/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child 3**: First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Last Name

Hebrew Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_ Child lives with\_\_\_\_\_\_\_\_\_\_\_

2019-2020 Grade in School\_\_\_\_\_\_\_\_\_\_\_ Secular School \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Special Needs/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

**Parent/Guardian 1** First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Home # Work # \_\_\_\_\_\_ \_ Fax #\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #\_\_\_\_\_\_

**Parent/Guardian 2** First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_

Home # Work # \_\_\_\_\_\_ \_ Fax #\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #\_\_\_\_\_\_

Temple Member: 🞏 Yes 🞏 No Temple Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Week night Skype availability**

We offer one-on-one weeknight Hebrew instruction to every student, please list your availability for each student below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time | Monday | Tuesday | Wednesday | Thursday |
| 3:30-4:00 |  |  |  |  |
| 4:00-4:30 |  |  |  |  |
| 4:30-5:00 |  |  |  |  |
| 5:30-6:00 |  |  |  |  |
| 6:00-6:30 |  |  |  |  |
| 6:30-7:00 |  |  |  |  |
| 7:00-7:30 |  |  |  |  |

*(Continued on back)*

**Emergency Medical Consent**

Primary Doctor: Phone:

Primary Dentist: Phone:

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.*

**Emergency Contact Information**

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)

**photo/Publicity Release**

Temple Emanu-El of Palm Beach may use my child(ren)’s photo in TEPB publicity materials, and in local media outlets.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date

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

**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 check any of the following volunteer opportunities that interest you:**

🞏Religious School Committee 🞏Shabbat Dinners 🞏Teaching/Teacher Assistant 🞏Events 🞏Family Breakfast 🞏Other

**payment Information**

Complete form and return with payment (check/credit card) to:

Temple Emanu-El of Palm Beach, 190 North County Rd., Palm Beach, FL 33480

□ Check $ \_\_\_\_\_\_\_\_\_

□ Credit Card $ \_\_\_\_\_\_\_\_\_ circle one: VISA MC Discover

Credit Card Number \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Expiration Date \_\_ \_\_ / \_\_ \_\_

Name on Card \_ Card Holder Signature \_\_\_\_\_

Credit card billing address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation # of Students Cost

🞏 Member \_\_\_\_\_\_\_\_\_\_ x $0 No cost for members in good standing

🞏 Non-Member \_\_\_\_\_\_\_\_\_\_ x $400 $\_\_\_\_\_

 (1st year only)

🞏 Non-Member \_\_\_\_\_\_\_\_\_\_ x $750 $\_\_\_\_\_

 **Total:** $\_\_\_\_\_