

**Temple Beit HaYam 5782 School Registration Form**  
**2021-2022 School Year**

**Please fill in all fields.**

**▶ Student Information:**

Student's Full Name:	_____ Last	_____ First	_____ Middle	_____ Hebrew
Street Address:				
City:	State:	Zip:	Sub-Division:	
Gender:	Date of Birth:	Secular School:		
TBH Religious School Grade as of August, 2021:				

**▶ Parent Information:**

Mother's Full Name:	_____ Last	_____ First	_____ Middle	_____ Hebrew
Street Address:				
City:	State:	Zip:	Sub-Division:	
Home Phone #:	Cell Phone #:	Work Phone #:		
E-mail Address: _____ @ _____				

Father's Full Name:	_____ Last	_____ First	_____ Middle	_____ Hebrew
Street Address:				
City:	State:	Zip:	Sub-Division:	
Home Phone #:	Cell Phone #:	Work Phone #:		
E-mail Address: _____ @ _____				

Parent's Marital Status: ( ) Married ( ) Divorced ( ) Separated ( ) Widow/er ( ) Single
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**▶ Name of Emergency Contact If Parents Cannot Be Reached:**

Name of Contact:	
Best Phone #:	Relationship to Child:

**▶ In Addition to the Custodial Parent(s), The Following Are Authorized To Pick-Up My Child:**

#1:	#2:	#3:
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**▶ The Following Person(s) CANNOT be Given Information or Dismissal Rights:**

#1:	#2:	#3:
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What does your child like to do for fun? \_\_\_\_\_

What does your family like to do for fun? \_\_\_\_\_

**Child's Special Needs/Allergies/Medications:**

**All medical information is private. It will only be shared with child's teachers.**

Has your child ever had emotional difficulties for which professional help was sought?

Has your child ever been diagnosed with ADD/ADHD?

Has your child ever been diagnosed with a learning disability?

Does your child have an IEP?

Please explain any **YES** answers below.

My child is allergic to the following:

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**►Authorization for Medical Treatment and Parental Acknowledgement:**

I hereby give my consent to the Director of the Religious School, or his/her representative, to make available to my child professional emergency medical care if such care is indicated.

It is understood that a conscientious effort will be made to notify my spouse or me before such action is taken. I give my permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the state of Florida should the need arise. This is to certify that my child is in good physical health, except as noted above. S/he has my permission to participate in all activities (not including field trips) that are part of the regular Religious School program.

Additionally, I have read the School Handbook and agree to abide by all attendance, financial, photographic/directory and other policies stated within.

 Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_