



## Temple Beth Shalom Religious School Registration

### Teen Life 2018 -2019 • Please Return by 8/20/2018

PLEASE INDICATE CHOICE OF PROGRAM REGISTRATION

\_\_\_\_ Teaching Assistant    \_\_\_\_ 8th Grade Chavura    \_\_\_\_ Tikkun Olam

Participant's Name \_\_\_\_\_

Nickname \_\_\_\_\_

M / F *(circle one)*

Birthdate \_\_\_\_\_

Hebrew Name \_\_\_\_\_

Grade \_\_\_\_\_

Name of Current School \_\_\_\_\_

Home Address \_\_\_\_\_

Participant's Email \_\_\_\_\_ Participant's Cell Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

Status of Parents *(check one)* Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Other \_\_\_\_\_

Additional Parent/Guardian Name *(if applicable)* \_\_\_\_\_

Phone \_\_\_\_\_

Home Address *(if different from student's)* \_\_\_\_\_

Place photo of student here, or  
email photo to:  
laurenceholzman@tbshastings.org  
with your teen's name in the subject line.





Please describe your teen's goals and interests in participating in the programs selected:

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Are there health issues, allergies, or concerns that might affect your teen's participation at Religious School?

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Has your teen been evaluated and/or currently receiving services for special needs?

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T.A.'S AND CHAVURA PLEASE INDICATE WHICH SESSION(S) YOU PREFER:

\_\_\_\_\_ **Sunday 1st Session (9:15-11:00 am)**

\_\_\_\_\_ **Sunday 2nd Session ( 11:15 am- 1:00 pm)**

\_\_\_\_\_ **Monday (3:30-5:20 pm)**

\_\_\_\_\_ **Wednesday 1st Session (3:30-4:20 pm)**

\_\_\_\_\_ **Wednesday 2nd Session (4:30-5:20 pm)**

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Is this for Community Service?:      \_\_\_\_\_ Yes      \_\_\_\_\_ No

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







**Temple Beth Shalom • Teen Life • 2018-2019**  
**Medical Consent/Emergency Information Form**

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**Medical Consent**

In the event that your teen is seriously injured while he/she is in the school, every effort will be made to reach you and your family physician. If we are unable to reach either, it may be necessary to use hospital emergency facilities.

No hospital is permitted to give emergency treatment to a teen without parental consent. Therefore, please fill out this form so that we may keep it in our files. Please notify us immediately of any medical information changes.

I \_\_\_\_\_ consent that my child \_\_\_\_\_  
(Parent or Guardian) (Name)

receive such medical treatment as is deemed necessary by the attending physician in case of a medical emergency.

Known drug allergies are \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian)

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**Emergency information**

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Numbers (excluding parents- we will try to contact parents first)\*

1. Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Preferred Phone \_\_\_\_\_

\*YOUR EMERGENCY NUMBERS SHOULD INCLUDE ONE PERSON WHO WOULD BE AVAILABLE TO PICK UP YOUR CHILD IF HE/SHE NEEDS TO BE PICKED UP AT SCHOOL.







## Temple Beth Shalom • Teen Life • 2018-2019

### Activity and Photograph/Film Permission Slip

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I grant permission for my teen to participate in all of the activities of the **Teen Life program at Temple Beth Shalom.**

Throughout the year the we may digitally photograph or video/film our teens enjoying their activities at the Temple. For non-profit purposes, we also have the opportunity to display and distribute to our families photos of the children in print, electronic publications, or on our website. Occasionally, we may submit a photo for a press release, of which we will keep you informed should it occur.

By signing below you grant permission for your teen to be included in all of the above.

Child's Name: \_\_\_\_\_

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

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

