



# Temple Beth David Religious School



## Registration Form

### 2016/2017

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2016/17 Grade in School \_\_\_\_\_ M  F

Parent/s	Student
Name/s: _____	Phone: _____
Email: _____	Email: _____
Email: _____	
Cell Phone: _____	Emergency Contact
Cell Phone: _____	Name: _____
Home Phone: _____	Phone: _____
Address: _____	Address: _____

I give permission to share the following information  email  phone numbers  
 address  student's phone number  student's email  all the above

Describe any physical or learning difficulties that may affect your child's performance at school:

Describe any family arrangements that might affect the student's attendance:

Is there any information about your child that you would like to share?

Would you like to set up a meeting to discuss your child ?  Y  N

***The TBD Religious School has my permission to use my child's photo in the newsletter***

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

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

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



# Temple Beth David Religious School

## Registration Form

2016/2017



Please enroll \_\_\_\_\_ in the following classes.

### Kindergarten - 3rd Grade

Sunday only 9:00- 11:30	<input type="checkbox"/>	K/1	<input type="checkbox"/>	2/3
-------------------------	--------------------------	-----	--------------------------	-----

### 4th - 6th Grade

Sunday 9:00 - 11:30 & Tuesday 4:15 - 6:15	<input type="checkbox"/>	4th & Aleph	<input type="checkbox"/>	5th & Bet	<input type="checkbox"/>	6th & Gimel
-------------------------------------------------	--------------------------	-------------------	--------------------------	-----------------	--------------------------	-------------------

### 7th Grade

Sunday 9:00 - 11:30 & Tuesday 6:30 - 8:00	<input type="checkbox"/>	Daled & 7th
-------------------------------------------------	--------------------------	-------------------

### 8th - 10th Grade

Tuesday 6:30 -8	<input type="checkbox"/>	8th	<input type="checkbox"/>	9th	<input type="checkbox"/>	Confirmation
Madrich/Madricha (teacher assistant)	<input type="checkbox"/>	Sunday 9:00 - 11:30	<input type="checkbox"/>	Tuesday 4:15 -6:15		
8th Grade curriculum includes the NFTY spring retreat 4/28/2017 - 4/30/17						
9th Grade curriculum includes the NFTY fall retreat 9/23/16 - 9/25/16						
10th Grade includes a confirmation ceremony as part of the class curriculum						



# Temple Beth David Religious School

Brit

2016/2017



## An agreement between Teachers, Students, and Parents

Everyone is created in the image of God and deserves respect.

Everyone learns best when there is cooperation and respect between teacher(s) and students.

Teachers have a sacred obligation to make the learning environment in their classroom as engaging and challenging as it can be for each student.

Each student has a sacred obligation to learn to the best of their ability, not to prevent other students from learning, and not to prevent the teacher from teaching.

**We agree the following rules and procedures will be followed to ensure the high quality Jewish learning experiences everyone has come to expect from the Temple Beth David Religious School.**

- 1 Arrive on time and be prepared to learn
- 2 Attend religious school consistently\*
- 3 Listen when others speak; raise hand and be acknowledged before talking
- 4 Respect the teacher and fellow students at all times (bodies, feelings and belongings).
- 5 Electronic equipment including cell phones should remain out of sight during class, unless the student receives permission from the teacher.
- 6 Students over the age of 5 will stay off the outdoor playground equipment.
- 7 Madrich/a will arrive, on time, ready to be helpful and ready to follow teachers instructions. If a madrich/a is not able to attend a session, it should be communicated either with the teacher or Elizabeth Kleinman or before the date of absence.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

\*80% minimum attendance is the Temple Beth David Religious School expectation. We feel that consistent attendance and positive participation gives students the realistic opportunity to master the Hebrew skills and knowledge to actively participate in synagogue life and become lifelong Jewish learners.



# Temple Beth David Religious School

## Emergency Information & Health History

### 2016/2017



Name

Emergency Contact  
& Number

Student's Name: _____	Home Phone: _____
Parent's Name: _____	Best Phone Number: _____
Parent's Name: _____	Best Phone Number: _____
Doctor's Name: _____	Doctor's Phone: _____
Doctor's Address: _____	
Insurance Carrier: _____	
Policy Number: _____	Group # _____
<b>Allergies</b>	
Food:	
Medicine:	
Medications Being Taken:	
Anything we should know about your child:	

I give permission for my son or daughter to be given over the counter medication

I DO NOT give permission for my son or daughter to be given over the counter medication

In the event that my child, a minor, becomes ill or sustains any injury while in the care of or under the supervision of Temple Beth David, any of its officers, teachers, employees or authorized agents are given permission to administer first aid for the child's relief. I/we the above signed parents or legal guardian of said child do further authorize Temple Beth David, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment or hospital care which is deemed advisable by, and is rendered under the general or special supervision and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent for all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may seem advisable.

I hereby agree to reimburse Temple Beth David for any medical expenses incurred in the care of my child and to otherwise assume full financial responsibility for such expenses.

This authority is given pursuant to the provisions of Section 25.8 of the Civil Code of California and acts amendatory to.

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