

# NEW STUDENT TORAH SCHOOL ENROLLMENT & EMERGENCY FORM

**Name of Student #1:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_ Current Age & Grade: \_\_\_\_\_

**Name of Student #2:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_ Current Age & Grade: \_\_\_\_\_

**Name of Student #3:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_ Current Age & Grade: \_\_\_\_\_

**Name of Parent/Guardian #1:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email(s): \_\_\_\_\_

**Name of Parent/Guardian #2:** \_\_\_\_\_  
Same as above:   
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Email(s): \_\_\_\_\_

## Special Needs

Please let us know if your child has any special learning, physical, and/or behavioral needs or challenges:

\_\_\_\_\_  
\_\_\_\_\_

## Medical Conditions/ Medications

Please let us know of any serious medical conditions, medicines, and/or allergies your child has:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency contact if parent(s)/guardian(s) are unavailable

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I am currently a TBT member: Yes  No

I am a returning Torah School student: Yes  No

I permit my child to attend Temple Beth Torah, Torah School, and release all of its officers, advisors, agents and employees from any and all liability that may arise out of my child's participation in such activity on and off-site. I hereby authorize Temple Beth Torah or any authorized agent thereof to call a medical provider for necessary care for my child in case of emergency and agree to pay all expenses incurred therefore.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Today's Date

# PHOTO RELEASE

We are very proud of our students, families, teachers, and staff. In highlighting our accomplishments, we would like to be able to use photographs and videos of various activities. We communicate these accomplishments through our website, printed material (i.e. Shofar), and various media outlets such as newspapers, magazines, radio, television, and social media including but not limited to Facebook.

Please note that children are not named on the website or in social media sources, however, first names may be used on their work. Children are named when their photograph is used in print.

Please indicate whether we may include your child in our publicity.

My child(ren) MAY be included in any publicity related to Temple Beth Torah.

My child(ren) may NOT be included in any publicity.

Limitations: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

## FOR OFFICE USE ONLY:

Chaverware       Mbr

Non-Mbr       New Mbr Pkt       Fwd to Mbrship Date : \_\_\_\_\_