

# TORAH SCHOOL ENROLLMENT & EMERGENCY FORM 2019-2020 / 5780

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

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

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

**Name of Student #4:** \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Hebrew Name (if known): \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Name of Parent/Guardian #2:** \_\_\_\_\_ Address:(same as above)   
\*Address:(if different) \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*To help us create the most successful and nurturing learning environment, please let us know of any IEP or 504 accommodations that we may extend into our classrooms\*\*\*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please let us know if your child(ren) has any serious: MEDICAL CONDITIONS, MEDICATIONS, MEDICATION ALLERGIES, ALLERGIES, FOOD ALLERGIES, etc.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency contact if parent(s)/guardian(s) are unavailable:**  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Practice/Group:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dentist:** \_\_\_\_\_ **Practice/Group:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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.

**XX**

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

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

## TORAH SCHOOL FEES

- Mishpacha (Select Sundays): No Cost and No TBT membership required.  
***Mishpacha is generously funded by The Jewish Federation of Ventura County.***
- Trans K - Kindergarten (Sundays): \$275
- 1<sup>st</sup> - 2<sup>nd</sup> Grades (Sundays): \$400
- 3<sup>rd</sup> - 4<sup>th</sup> Grades (Sundays & Wednesdays): \$725
- 5<sup>th</sup> - 6<sup>th</sup> Grades (Sundays & Wednesdays): \$725
- 7<sup>th</sup> - 10<sup>th</sup> Grades (Wednesdays): \$500

**Total for all children: \$\_\_\_\_\_**

**You will receive a bill with payment options**

All requests for Financial Assistance should be emailed directly to:  
Joel Goldenberg at [finance@TempleBethTorah.com](mailto:finance@TempleBethTorah.com)

**We are Members of TBT:**     Yes  
   No - please read and initial below:

I understand we need to be Members of Temple Beth Torah to attend Torah School for grades TK- 10th (Mishpacha exempt).....**(initial here)**\_\_\_\_\_

If you are not a Member, please email Allan Paskin to discuss Membership:  
[membership@TempleBethTorah.com](mailto:membership@TempleBethTorah.com)

## 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 newsletters, TBT 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.** Children are named when their class photograph is used in print for the Temple Beth Torah Annual, which is provided for TBT members only.

**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: \_\_\_\_\_

**XX**

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

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

**FOR OFFICE USE ONLY:**     Mbr     Non-Mbr     Fwd to Mbrship Date:\_\_\_\_\_

Chaverware     Publicity     Medical     Accommodations     Remind     Constant Contact