

TORAH SCHOOL ENROLLMENT & EMERGENCY FORM 2020-2021 / 5781

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
- 1st - 2nd Grades (Sundays): \$400
- 3rd - 4th Grades (Sundays & Wednesdays): \$725
- 5th - 6th Grades (Sundays & Wednesdays): \$725
- 7th - 10th 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*

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

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