

Temple Beit Torah Religious School Registration Form 2010-2011

522 E. Madison St.
Colorado Springs, CO 80907

☆ Please fill out a separate form for EACH child ☆

CHILD'S NAME		BIRTHDATE (M/D/YR)		PUBLIC SCHOOL GRADE IN SEPT.		SCHOOL DISTRICT	
FAMILY NAME			FATHER'S NAME		MOTHER'S NAME		
ADDRESS			CITY		STATE		ZIP
HOME PHONE		FATHER'S CELL PHONE		MOTHER'S CELL PHONE		FOR PRE-K THRU 2 ONLY: HAS THE CHILD BEEN CONSECRATED?	
STATE CLASS(ES) IN WHICH CHILD SHOULD BE ENROLLED IN FALL 2009							
(PRE-K THRU 7) JUDAIC STUDIES GRADE				(GRADES 1 THRU 6) SUNDAY HEBREW GRADE			
PLEASE CHECK ANY CONDITIONS EXPERIENCED BY YOUR CHILD, KNOWLEDGE OF WHICH WILL ENABLE THE SCHOOL TO HELP HIM/HER HAVE A MORE POSITIVE EXPERIENCE							
Food allergies							
Vision		Hearing		Allergy		Special Educational Needs	
Physician's name				Phone number			
Dentist's Name				Phone number			
Emergency contact (other than parent/guardian)				Phone number			
Parent(s) Email Address(es):							

I/We _____, Parent's / Guardian of _____
Name(s) Child's name

authorize the Temple Beit Torah Religious School staff to seek emergency medical care for my child when deemed necessary. All medical costs shall be the responsibility of the parent(s) and/or guardian(s) mentioned above.

A copy of this authorization shall be given the same force and effect as the original.

Parent name (please print) Signature