

TEMPLE SHA'AREY SHALOM RELIGIOUS SCHOOL
NEW STUDENT REGISTRATION FORM
5769-70/2009-2010

1. **Child's Full Name** _____ **Sex** _____ **Birthdate** _____

Hebrew Name _____

Address _____ Apt. # _____
(street)

_____ Phone (_____) _____
(city) (state) (zip)

Name of Secular School _____ Grade _____
(September 2009)

If PARENT can't be reached in an emergency, please call _____ at _____

2. **Family History**

Parent/Guardian _____ **Religion** _____

Business Phone _____ Cell Phone _____

Parent/Guardian _____ **Religion** _____

Business Phone _____ Cell Phone _____

Are there any special living arrangements that we should be aware of? ___ No ___ Yes

If yes, please explain: _____

3. **Child's Previous Jewish Education**

How many years? _____ Number of days per week? _____

Reform _____ Conservative _____ Other _____ (Specify)

At which Temple? _____ City _____

Has child studied any Hebrew? _____ How Long? _____

4. **Child's History**

Please check any conditions experienced by your child, knowledge of which will enable the school to effect a more satisfactory experience for him/her (with short explanation):

Vision _____ Special _____

Hearing _____ Educational _____

Allergy _____ Other _____

Please describe: _____

5. **Are any learning modifications implemented in the public school classroom?**

Speech and Language Assistance _____ Resource Room Program _____

Special Education Class _____ Instructional Aide _____

Other (Please describe) _____

(If your child has an IEP (Individualized Education Plan) or 504 (Accommodation Plan), please share it with us. The information will be held in the strictest confidence.

6. Extent of Jewish Observance at Home: In what ways (which activities or rituals) do you incorporate Judaism into your home? (Please check ALL that apply)

Lighting Shabbat candles _____	Praying before bed or in the morning _____
Celebrating holidays _____	Subscribing to Jewish publications _____
Reading Jewish books _____	Hanging mezzuzot on doors _____
Keeping Kosher _____	
Other (Please Describe) _____	

7. Siblings:

Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

8. Parent Information:

Have you any background in education? _____ Have you ever taught? _____
Have you ever taught Religious School? _____ Would you like to? _____

9. Would you be interested in participating in a parent parallel class to learn about your child's curriculum during Shabbat mornings?

Yes _____ Maybe _____ Not right now _____

10. We prefer to receive communications about Religious School by:

_____ e-mail _____ (e-mail address)
_____ regular mail to my home address
_____ phone call to my home

11. How did you hear about our Religious School? (Check all that apply)

_____ Temple member	_____ Internet
_____ Friend or neighbor (not a member)	_____ Phone book
_____ Newspaper ad	_____ Other- please explain _____

13. We understand that Temple Sha'arey Shalom believes that children should be enrolled in religious school when they enter secular school kindergarten and would like them to continue until they are CONFIRMED in tenth grade. We realize that becoming a Bar or Bat Mitzvah is a privilege extended to those students who have achieved a certain level of proficiency in Hebrew and Torah and whose behavior and attendance for a minimum of FIVE YEARS in our religious school have been satisfactory.

Today's Date _____ Parent's Signature _____

In order to hold a spot in our school, please enclose a \$50.00 deposit (per child) made out to Temple Sha'arey Shalom.