



TIFERET ISRAEL
RELIGIOUS SCHOOL

5775-5776- REGISTRATION FORM – 2015-2016

Member of Tiferet Israel Yes No

Scholarship Needed Yes No

STUDENT INFORMATION

Student's Last Name First Name M.I.

Hebrew Name Student's email

Date of Birth Age September 1st Male/Female (circle one)

Public School Grade Sept' 15 Last Religious School: T. I. Other Year Grade

Enrolling For: Grade Rabbi's Class

PARENT INFORMATION

Parents Are Married Separated Divorced

Child Lives With Both Parents Mother Father Other (Name/Relationship)

Please explain any special contact considerations

Mother's Name Hebrew Name

Address City State Zip

Home Phone Work Phone Cell Phone

Email

Father's Name Hebrew Name

Address City State Zip

Home Phone Work Phone Cell Phone

Email

Are both parents biological parents? Yes No Are both parents Jewish by birth? Yes No

If either answer is no, please explain

IN CASE OF EMERGENCY

Student's Pediatrician Phone

Person to Contact in Emergency

Phone Number Relationship to Child

Additional Emergency Contact Phone

PAYMENT

Registration Fee is payable upon registration and is non-refundable. Tuition must be paid in full by August 21st or payment arrangements should be made prior to August 21st through the Business Office.

The undersigned parent(s) of, hereby consent(s) to his/her participation in Tiferet Israel's Religious School, with the understanding that they and their child will abide by the rules and regulations of the congregation and school as stated in the parent/student handbook and will meet all financial obligations to the school as outlined above.

Parent Signature Date

Parent Signature Date

TELL US ABOUT YOUR CHILD

In order for us to better serve and understand the needs of your student, please complete the following section as thoroughly as possible. Does your child show signs of having any of the following?

Hearing Impairment yes no Explain _____

Hyperactivity/ADD yes no Explain _____

Special Dietary Needs yes no Explain _____

Physical Limitations yes no Explain _____

Speech Impairment yes no Explain _____

Visual Impairmentyes no Explain _____

Emotional Concerns yes no Explain _____

Allergic To Medication yes no Explain _____

Learning Differences yes no Explain _____

Is your child currently taking medications that might affect his/her behavior? _____

Has your child recently been taken off any medication that affects his/her behavior? _____

Additional information about your child:

MEDICAL WAIVER:

I/we hereby authorize Tiferet Israel and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

FIELD TRIP WAIVER:

My/our child has my permission to go on field trips sponsored by the school. I/we understand they will travel by bus, van or private car and be accompanied by staff and parents. I/we release the Synagogue from all responsibility during supervised activities. It is understood that in the event of behavior unacceptable to the staff, parents will be notified and the child will be sent home at the parents' expense.

PHOTOGRAPHIC WAIVER:

I/we give permission to Tiferet Israel to use any photographs taken for or by the school of my/our child in Tiferet Israel publications and advertising.

Parent Signature _____ Date _____

Parent Signature _____ Date _____