

SCHOOL REGISTRATION 2019– 2020 for KINDERGARTEN – SEVENTH GRADE

Please return your Registration Forms to the Temple Office, 100 Hauppauge Road, Commack, NY 11725
OR scan completed forms and email to School@tbdcommack.org

FAMILY NAME _____

PARENT 1 _____ PARENT 2 _____

Address _____ Address _____

Town/Zip _____ Town/Zip _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Email (please list ONE email): _____

Name/s of Student/s	Gender	Birthdate	Grade in Sept.'19	Preferred day/s or PACT

School District: _____

Name of School: _____

Can your address & phone be distributed on a class list? Yes _____ No _____

<u>FEES</u>	
Non-members K-2	\$825
Members K-2	\$275
Grade 3	\$575
Grade 4	\$1025
Grades 5, 6 & 7	\$985
Sibling Discount	\$50

<u>CLASS SCHEDULE</u>	
K & Grade 1	Sunday ONLY (9:00-11:00 a.m.)
Grades 2 & 3	Sunday (9:00-11:00 a.m.) OR Tues (4:30-6:30 p.m.) OR Wednesday (4:30-6:30 p.m.)
Grade 4	Sunday (9:00-11:00 a.m.) and Tuesday (4:30-6:30 p.m.) OR PACT Wednesday (4:30-6:30 p.m.)
Grade 5	Sunday (9:00-11:00 a.m.) and Wednesday (4:30-6:30 p.m.) OR PACT Tuesday (4:30-6:30 p.m.)
Grade 6	Sunday (9:00-11:00 a.m.) and Tuesday (4:30-6:30 p.m.) OR PACT Wednesday (4:30-6:30 p.m.) OR
Grade 7	Tuesday ONLY (6:40-8:30 p.m.)

**TEMPLE BETH DAVID RELIGIOUS SCHOOL
INDIVIDUAL CONFIDENTIAL STUDENT PROFILE SHEET**

Student's Name: _____ Grade: _____

Student's Hebrew Name: _____

Parent/s' Hebrew Name/s: _____

Please complete this Profile Sheet so that the Religious School Faculty can best serve the needs of your child. Please explain "yes" responses below.

Does your child have any physical disabilities?
(hearing, vision, orthopedic, etc.) Yes ____ No ____

Is your child on any medication? Yes ____ No ____

Does your child have any medical conditions,
including food allergies? Yes ____ No ____

Is your child presently enrolled in any special
program in public school? Yes ____ No ____

Does your child have any learning or
socialization challenges? Yes ____ No ____

Are there any special circumstances affecting your child
or family at this time? Yes ____ No ____

Please explain any "Yes" answers below; add any information that may help the Religious School Faculty.

Parent/Guardian Signature

Date

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**TEMPLE BETH DAVID RELIGIOUS SCHOOL
EMERGENCY INFORMATION AND MEDICAL RELEASE**

Student's Name: _____ Grade: _____ (as of Sept. '19)

I hereby give my consent to the staff of Temple Beth David Religious School to make available to my child emergency medical care if such care is indicated. It is understood that a conscientious effort will be made to notify me (or other guardian or contact as listed below) before such action is taken. It is further understood that every effort will be made to contact the family physician or dentist (listed below) prior to any treatment. However, in the event that this is not possible, I give my permission for my child to receive medical care by any doctor, nurse, paramedic or member of a medical staff licensed by the State of New York. I further certify that my child is in good physical health. He/she has my permission to participate fully in all activities that are part of the Religious School Program.

By signing this form, I further understand that any photographs taken of my child become the property of Temple Beth David and may be used for publication.

Parent 1: _____ Home phone: _____

Work phone: _____

Cell phone: _____

Parent 2: _____ Home phone: _____

Work phone: _____

Cell phone: _____

Child's physician: _____ Physician's phone: _____

Child's dentist: _____ Dentist's phone: _____

Emergency Contact:

Name: _____ Phone: _____

Parent/Guardian Signature

Date

Describe any pertinent medical conditions.

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