

SCHOOL REGISTRATION 2024 – 2025 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 _____ **Email** _____

Name of School and School District:

Name/s of Student/s	Gender/ Pronouns	Birthdate	Grade in Sept.'24



<u>FEES</u>	
Non-members K-2	\$875
Members K-2	\$325
Grade 3	\$625
Grade 4	\$1075
Grades 5, 6 & 7	\$1035
Sibling Discount	\$50
Registration Deposit: (Due at Registration)	\$200 per child \$500 max per family

<u>CLASS SCHEDULE</u>	
K & Grade 1	Tuesday (4:30-6:30 p.m.)
Grades 2 & 3	Tuesday OR Wednesday (4:30-6:30 p.m.)
Grade 4	Tuesday OR Wednesday (4:30-6:30 p.m.)
Grade 5	Wednesday (4:30-6:30 p.m.)
Grade 6	Wednesday (4:30-6:30 p.m.)
Grade 7	Tuesday (4:30-6:30 p.m.)

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

Student's Name: _____ Grade: _____ (as of Sept. '24)

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.

Describe any other pertinent medical conditions.

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. '24)

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.

Do you want to volunteer to help in our school? Yes _____ No _____

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

Parent 1: _____ Home phone: _____

Work phone: _____

Cell phone: _____

Parent 2: _____ Home phone: _____

Work phone: _____

Cell phone: _____

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

Emergency Contact:

Name: _____ Phone: _____

Parent/Guardian Signature

Date

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