

**TEMPLE EMANUEL**  
**RELIGIOUS SCHOOL REGISTRATION** 5771/2010-2011  
 1101 Springdale Road, Cherry Hill, NJ 08003    856-489-0035

**PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD ENROLLING.**

**Deadlines: July 1 for 1<sup>st</sup> priority for session requests and friend placements. August 1 to receive a financial incentive of a \$150 discount per child, per class. (All new students to the school will receive the \$150 discount regardless of when they register. This does not apply to those members taking advantage of our 60<sup>th</sup> Birthday Gift Membership Program.).**  
**If you have any questions about filling out this form, please call Cindy Schiffman at 856-489-0035.**

Student's Name \_\_\_\_\_  
Last                      First                      Middle                      Hebrew Name

Address \_\_\_\_\_  
Street                      City                      State                      Zip Code

Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Email \_\_\_\_\_  
Month/Day/Year

Is this your child's first year at Temple Emanuel's Religious School?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Can we publish your address and phone number for class lists?        Yes \_\_\_\_\_ No \_\_\_\_\_  
 Can we use your child's picture in newsletter articles and publicity?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Some teachers choose to have a class parent. If your child's class does, would you like to volunteer as a Class Parent?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Name of public/private school \_\_\_\_\_ Grade as of September 2010 \_\_\_\_\_

Parent 1 Name \_\_\_\_\_  
Dr./Mr./Mrs./Ms.                      First                      Middle                      Last

Address \_\_\_\_\_  
 Telephone Numbers – Day \_\_\_\_\_ Evening \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_  
Dr./Mr./Mrs./Ms.                      First                      Middle                      Last

Address \_\_\_\_\_  
 Telephone Numbers – Day \_\_\_\_\_ Evening \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child lives with Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

In case of emergency, please contact (other than parent):

\_\_\_\_\_  
Name                      phone #                      relationship to child  
 Doctor's name & telephone Number:

In case of emergency, I hereby authorize (by my signature on this application) the Rabbi, Rabbi Education, Rabbi or teacher to call my physician or to take my child to the nearest hospital for appropriate emergency treatment. Please initial:

For office use only Date Received:
---------------------------------------

*PLEASE COMPLETE QUESTIONS ON REVERSE SIDE*

Please respond to the questions below. All information will remain confidential.

Are there medical concerns (i.e. allergies, medications, visual problems, frequent need to use bathroom, nosebleeds, chronic illness, etc.) of which the school should be aware?

Does your child have any learning considerations in reading, writing, comprehension, organization, speech/language, attention, etc. of which the school should be aware?

What special services, if any, does your child receive in secular school or privately?

The Religious School office must be notified in writing if there are custody issues and/or are any persons **unauthorized** to pick up your child/ren (early dismissal only).

**Signature of Parent:** \_\_\_\_\_ **Date** \_\_\_\_\_

Please complete the chart below for students in Pre-School Sundays & K through 7<sup>th</sup> Grade ONLY  
Information for all other grades and programs can be found on the instruction sheet.

Grade	Sunday Session	
	I 9:00 – 11:00 AM	II 10:30 – 12:30 PM
Pre-School Sundays 1 morning/month		<b>Not Offered</b>
K		
1		
2		
3		
4		
5		
6		
	Hebrew School	
2 <sup>nd</sup> Grade (Head Start Hebrew)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
3 <sup>rd</sup> Grade (Hebrew I)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
4 <sup>th</sup> Grade (Hebrew II)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
5 <sup>th</sup> Grade (Hebrew III)	Tuesday 4:15-6:15 PM	Wednesday 4:15-6:15 PM
6 <sup>th</sup> Grade (Hebrew IV)	Tuesday 4:15-6:15 PM	Wednesday 7-8:30 PM
	Course Selection for 7 <sup>th</sup> Grade STAR Program	
All 7 <sup>th</sup> grade students take a core class and an elective. Please select either Jewish Lifecycles or Conversational Hebrew as your elective.	Track 1 Core Class & Jewish Lifecycles	Track 2 Core Class & Conversational Hebrew

### Placement Requests

Each student may request to be placed with up to 2 friends for Judaica classes only. These requests must be mutual to be fulfilled. We will do our best to fulfill these requests. Requests made on forms returned by the July 1 will be given first priority.

Please place my child with 1.

2.