

# TEMPLE SINAI

# Religious School Registration

509 Broadway, Saratoga Springs, NY12866 • (518) 584-8730 • www.saratogasinai.org • office@saratogasinai.org

PARENT/GUARDIAN INFORMATION	
Parent/Guardian #1:	Parent/Guardian #2:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

CHILD INFORMATION		
Full Name:	DOB:	Grade:
Full Name:	DOB:	Grade:
Full Name:	DOB:	Grade:
Full Name:	DOB:	Grade:
<b>Children Live with (check one):</b> <input type="checkbox"/> Both Parents/Guardians <input type="checkbox"/> Parent/Guardian #1 <input type="checkbox"/> Parent/Guardian #2		

EMERGENCY CONTACT (IF PARENTS/GUARDIANS CAN'T BE REACHED)	
Name:	Relationship to student:
Home Phone:	Cell Phone:

CLASS SELECTION		
Please indicate the classes you would like to register for in the coming 2016-2017 school year.		
Preschool (Sunday): <i>ages 3 and 4</i>	# of children _____	@ \$280.00 per child = \$ _____
Judaica (Sunday): <i>grades K – 7</i>	# of children _____	@ \$430.00 per child = \$ _____
Hebrew (Wed.): <i>grades 3 - 6</i>	# of children _____	@ \$130.00 per child = \$ _____
Bar/Bat Mitzvah (Wed.): <i>grades 7 and up</i>	# of children _____	@ \$325.00 per child = \$ _____
Confirmation (Sunday): <i>grades 8 - 10</i>	# of children _____	@ \$175.00 per child = \$ _____
		<b>Total \$ _____</b>
*Preschool 9:30 – 11:30am, Judaica Classes are Sun. 10:00am – 12:00pm. Hebrew Classes are Wed. 6:30-8pm.		

Enrollment in Religious School is open to all members in good standing of Temple Sinai. Please note that Membership Dues and School fees must be paid in full, or you must have automatic payments in place, before school attendance begins. Temple Sinai's longstanding open-door policy is that no family or individual will be denied membership or religious education for financial reasons. We ask that those who can't afford to pay full dues fill out a "Request for Adjustment" found on the back of the annual commitment form.

Community Volunteer, Student Information, and an Authorization for Medical Treatment of Minors forms are also required, and all are due back with your payment.

*\*Please note that we have moved from dual sessions for Sunday Judaica back to a single session (10am-12pm) in an effort to have all children knowing and regularly interacting with one another.*

### PLEASE COMPLETE ONE FORM PER STUDENT

Student's Name:	Student's School:
Hebrew Name:	Grade in School:

**Our sages teach us to "Teach each child according to their way" (Proverbs 22:6). Our goal as a school is to create a Jewish space that is accessible to all children.** Please help us by describing any emotional, behavioral, physical or learning challenges that might affect the student's ability to work at grade level or participate in educational or social programming at Temple Sinai. We welcome any information that might be useful for the educational staff in planning for your child's education.

**Do you want to meet with your child's teacher to discuss his/her needs?** \_\_\_\_\_

### SPECIAL SERVICES

Does your child have an IEP (Individual Education Plan) or a 504 Education Plan?  Yes  No

Describe any special services that your child receives in school or through the school district:

### MEDICAL/ALLERGIES

Does your child have any medical problems or food allergies  Yes  No

If yes, please describe:

Does your child take any prescription medications regularly  Yes  No

If yes, please describe:

### PHOTO RELEASE

I/we GRANT \_\_\_ I/we DO NOT GRANT \_\_\_ permission to Temple Sinai to use photos for the purposes including but not limited to press releases, publications, website, printed material, and video format the likeness or image of my child(ren) and family. I release all claims against the Temple with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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If your child needs medical, dental, health or hospital services, under the law, you as a parent/guardian must give permission. Naturally, if you are with your child, you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child.

This is a legal document. After you complete the form, the named party will be authorized to act on your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person – physician, dentist or hospital representative.

When a true emergency exists, a child may be treated without parental consent. This will happen only when a physician determines the child needs immediate medical care and an attempt to obtain parental consent would result in a delay which would increase the risk to the child's life or health.

### Complete a separate form for each child

IDENTIFICATION	
Name of Minor:	Date of Birth:
Known Allergies:	
Special Conditions:	
Date of Last Tetanus Shot:	

FAMILY PHYSICIAN	
Name:	Phone:
Address:	

HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR
Insurance Company:
ID or Contract Number:
Parent Name Insurance Coverage Listed Under:

I, being the parent of custody or legal guardian of the above named minor, do hereby appoint **TEMPLE SINAI RELIGIOUS SCHOOL, 509 BROADWAY, SARATOGA SPRINGS, NY 12866** to act on my behalf in authorizing unexpected medical, dental or surgical care, or hospitalization for the above named minor in my absence.

**Parent Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Witness Name:** \_\_\_\_\_ Phone: \_\_\_\_\_  
**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE SIGNED.**

### PLEASE COMPLETE ONE FORM PER FAMILY

Our community grows closer when we come together to educate our children. Your support and assistance are essential to the running of our school. Please check off any contributions that you would be willing to make.

Name of Parent(s)/Guardian(s):

Home Phone:

Work Phone:

Cell Phone:

Email:

Child(ren)'s Name and Grade:

\_\_\_\_\_ I am willing to **volunteer in my child's classroom** on Sundays/Wednesdays (circle one) when an extra pair of hands is needed for a special project or in-class event.

\_\_\_\_\_ I am willing to **serve as a chaperone** for field trips for my child's Sunday class or Youth Group events for my child's age group.

\_\_\_\_\_ I am willing to **assist with set up and clean up** at special **school-wide events**, such as holiday programming (Sukkot, Hannukah, Passover, etc.) and other celebrations.

\_\_\_\_\_ I am willing to be a **substitute teacher on Sundays**. I will be provided with a lesson plan and compensated for my time. I feel comfortable teaching these grade levels: \_\_\_\_\_

\_\_\_\_\_ I am willing to be a **substitute teacher on Wednesdays**. I will be provided with a lesson plan and compensated for my time. I feel comfortable teaching these grade levels: \_\_\_\_\_

\_\_\_\_\_ I am interested in **sharing my skills/interests** by leading or assisting a teacher with special activities involving: \_\_\_\_\_

\_\_\_\_\_ I am interested in learning more about and/or joining our **Parent Committee** (organizes special events for our school community such as the Annual Purim Carnival.)

\_\_\_\_\_ I am interested in learning more about and/or joining our **Education Committee** (meets once a month to help set Religious School policies and budget, coordinates with Director of Education in evaluating and enriching for school curricula, supports professional development for staff, etc).