

RELIGIOUS SCHOOL REGISTRATION 2020 - 2021



The All New Temple Ner Tamid Religious School
368 Lowell Street, Peabody, MA 01960

Student's Name _____ Grade & School Name in September 2020 _____

Student's Hebrew Name _____

Male Female _____ Birth Date _____

Synagogue Affiliation: Temple Ner Tamid _____

PARENTS OR GUARDIANS:

1 Name _____

Relationship _____ Day Phone () _____

Email Address _____ Cell Phone () _____

Street Address, City and Zip _____

2 Name _____

Relationship _____ Day Phone () _____

Email Address _____ Cell Phone () _____

Street Address, City and Zip _____

OTHER THAN PARENT EMERGENCY CONTACT OR OTHER WHO MAY PICK UP CHILD

Name _____

Relationship _____ Cell Phone () _____

May we share your contact information with other families? Yes No

PHOTO RELEASE:

Photographs of my child, including his/her full name may be used for publicity, including social media and the synagogue website. I am acknowledging my approval by providing my signature.

Parent Signature _____

MEDICAL INFORMATION:

In order to serve all the needs of our students, please include any special needs we should be aware of. (psychological, physical, cognitive/learning abilities) **All information remains confidential.**

Physician _____ Clinic _____

Street Address, City and Zip _____

Physician's Office Phone () _____

Does your child have an Individual Education or 504 Plan? Yes No ***If so, please attach a copy.***

Medical Problems _____

Allergies/Disabilities _____

Medications _____

Notes _____