

# TEMPLE SHOLOM LEARNING CENTER REGISTRATION FOR 2018-2019

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Hebrew Name: \_\_\_\_\_ Gender:  M  F Birthday: \_\_\_\_\_

Public/Private School in 2018-2019: \_\_\_\_\_ Grade: \_\_\_\_\_

IEP at School?  Yes  No

Any Special Educational Needs That We Should Know About?

Any Allergies?  Yes  No If Yes, to What? \_\_\_\_\_

Any Medical Issues That We Should Be Aware Of?

Name Of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

## FAMILY INFORMATION

**THE INFORMATION FOR BOTH PARENTS WILL BE AVAILABLE TO OUR SCHOOL FAMILIES VIA OUR ONLINE DIRECTORY. IF YOU WISH ONE OR MORE OF THESE "HIDDEN," PLEASE CONTACT OUR OFFICE MANAGER, MICHELE, AT 203-542-7161.**

Parent 1's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent 1's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 1's Email Address: \_\_\_\_\_

Parent 2's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent 2's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 2's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent 2's Email Address: \_\_\_\_\_

Emergency Contact Name (other than parents): \_\_\_\_\_

Relationship To Student: \_\_\_\_\_ Emergency Contact Phone(s): \_\_\_\_\_

## REGISTRATION INFORMATION

Name Of One Friend You Want To Have in the Same Class: \_\_\_\_\_

**(THIS REQUEST MUST BE RECIPROCAL—THE FRIEND MUST REQUEST YOUR CHILD AS WELL)**

Payment Method:  By Credit Card In Full:  Visa  MasterCard  Discover

CC# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

By Check In Full **(Must Be Submitted Within 1 Week)**

Bill Me

For 3rd–7th graders, which weekday is your top choice?  Tuesdays, 4:30 pm–6:00 pm

Wednesdays, 4:15 pm–5:45 pm

**Note: Photos taken during religious school and Temple-sponsored youth programs may be used for internal communications and external marketing purposes (names will never be published). If you do not want your child's image to be used, please provide a written request to Lori Baden at [lori.baden@templesholom.com](mailto:lori.baden@templesholom.com) before the start of each school year.**