

TEMPLE SHOLOM LEARNING CENTER REGISTRATION FOR 2016-2017

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Hebrew Name: _____ Gender: M F Birthday: _____

Public/Private School in 2016-2017: _____ 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: _____

I/We **DO NOT** grant permission for my child to be included in pictures and publicity in connection with the Learning Center's and/or Temple Sholom's programs. _____

Parent or Legal Guardian Signature

Date

FAMILY INFORMATION

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

Father's Last Name: _____ First Name: _____

Father's Address: _____ City: _____ Zip: _____

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Email Address: _____

Mother's Last Name: _____ First Name: _____

Mother's Address: _____ City: _____ Zip: _____

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Email Address: _____

Emergency Contact Name (Not A Parent): _____

Relationship To Student: _____ Emergency Contact Phone(s): _____

REGISTRATION INFORMATION

Name Of One Friend You Want To Have in 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–6th Graders, Which Weekday Is Your Top Choice? Tuesdays 4:30 pm–6:00 pm

Wednesdays 4:15 pm–5:45 pm