

Ramat Shalom Torah School Registration Form 2009-2010

(Please return this form with your Membership Packet)

Torah School Schedule

Sundays
K-6th Grades
9:30 -
11:30AM

Wednesdays
3rd -7th
Grades
4:45 -
6:45PM

Classes are
assigned at the
discretion of
Ramat Shalom

Child's Name _____

Address _____ Home phone _____

City/Zip Code _____ Birthday _____

Hebrew Name _____ Age on 8/1/09 _____

Grade in School 2009-2010 _____ Torah School Grade _____

Name of Child's School _____

Parent #1 _____ Cell phone _____ Work phone _____

Parent #2 _____ Cell phone _____ Work phone _____

Email: Child _____ Parent(s) _____

Child lives with: Mother Father Both Other _____

If your child is new to Ramat Shalom Torah School, please indicate child's previous Sunday/Hebrew school experiences.

Name of School _____ # of years? _____

Emergency Information: In case of minor illness or injury of my children at school, I give the school staff permission to give basic first aid to my child. In case of a major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child.

My child may be picked up from Torah School by the following people:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

List any allergies, medical conditions and/or daily medication: (Please notify the Torah School office of any changes)

Allergies: _____

Medical Conditions: _____ **Medication:** _____

Please provide any information about your child that may affect the classroom learning; for example, specific learning issues, special needs, or educational accommodations. _____

1. **Electronic Items:** Ramat Shalom is not responsible for any phones or games brought to school. We therefore suggest that you do not bring these items.
2. **Photographs:** Ramat Shalom Torah School may photograph my child/ren during school hours and post the pictures in the synagogue newsletter and/or website or local Jewish newsletters. (If you do not give permission for photographs to be taken, please mark an "X" through this section).
3. **School Directory:** I give permission for my child's name, phone number, address, and E-mail to be included.

Parent's Signature _____ Date _____