

 <b>Temple Etz Chaim</b> טעם עץ חיים	<b>TEMPLE ETZ CHAIM          RELIGIOUS SCHOOL          ENROLLMENT FORM          EMERGENCY AUTHORIZATION          2020-2021</b>	Last Name		First Name	Middle Name
		Hebrew Name		Name of Secular School	Grade in Fall 2020

Parent Preferred Email	Birthdate		Gender		Student email/cell phone – (Grades 7-12) Email: Cell :
	City	State	Zip		

Name of Parent	Relationship to student	Living at home	Home Phone	Cell Phone
Address of Parent	Parent Email Address		Place of employment	Work Phone
Name of Parent:	Relationship to student	Living at home	Home Phone	Cell Phone
Address of Parent	Parent Email Address		Place of employment	Work Phone

**\*\*\* IMPORTANT:** In the event a parent or guardian cannot be reached, please list the authorized person(s) who may be called to take responsibility for the child's being picked up/cared for in an emergency. Please list local people only.

Name	Cell	Home	Relationship
Name	Cell	Home	Relationship
Out-of-state emergency contact in case of natural disaster	Name	Phone	Relationship

**PERMISSIONS/NOTICES OF RIGHTS AND RESPONSIBILITIES-PLEASE COMPLETE**

1. I give permission to have my name, address, eMail address, phone number released to other families and Temple Auxiliaries.  
 Please check box:  Yes  No

2. I consent and give permission for my child to be photographed while participating in Temple Etz Chaim School/Events and for such photographs to be used in various media publication, format, including, but not limited to web pages, newspaper articles, publication and/or newsletters.  
 Please check box:  Yes  No

**HEALTH HISTORY INFORMATION Please check any of the applicable (explain below).**

	Yes	When		Yes	When		Yes	When	Allergies	Yes	When
Hearing Impairment			Diabetes			Kidney Problems			Food		
Vision Impairment			Epilepsy			Asthma			Insect Stings		
Frequent Headaches			Tuberculosis			Hay fever			Medication/other		
Recent Surgeries			Heart Condition			Other					

- Identify/ describe serious allergies/health problems/medication that may impact school/classroom performance activities: \_\_\_\_\_
- Does student need to have any medication at TEC(i.e. rescue inhaler, Benadryl, Epipen, Advil): a signed medical release is required (Please check)  Yes  No
- Identify any learning problems/health problems which might affect student's performance at Religious School \_\_\_\_\_
- Physician/Medical Group Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

I further certify that my child is physically able to participate in activities and in case of accident or illness, I give Temple Etz Chaim and/or its representatives permission to obtain proper aid(hospitalization, secured treatment, injection, x-ray, etc.) deemed necessary by a physician or dentist and agree to pay all expenses incurred. I understand that every attempt will be made to contact the participant's parents and/or personal physician for any major emergency that may arise. These authorizations and permissions shall be and remain in full force and effect for the current school year unless revoked in writing. I also understand that I should contact the school immediately if there are any changes in the information contained on the sheet.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CHECK GRADE LEVEL FALL 2020:**

PRIMARY Sunday Mornings 9:30-11:30 a.m.	ELEMENTARY-MIDDLE SCHOOL Tuesdays 4:15-6:15 PM Sundays 9:30-11:30 a.m.		CONFIRMATION Mondays 6:30-8:30 p.m.	POST-CONFIRMATION Alternating Mondays 7:30-8:30 p.m.
TK/Kindergarten	S/T 3rd	S/T 6th	8th	11th
First Grade	S/T 4th	S/T 7th	9th	12th
Second Grade	S/T 5th		10th	