

 <b>Temple Etz Chaim</b> טעץ חיים	<b>TEMPLE ETZ CHAIM RELIGIOUS SCHOOL ENROLLMENT FORM EMERGENCY AUTHORIZATION 2018-2019</b>	Last Name	First Name	Middle Name
			Hebrew Name	Name of Secular School

Preferred Email	Birthdate	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Preferred Phone/Name	
Home Address	City	State	Zip		

Name of Parent	Relationship to student	Living at home	Place of employment	Cell phone
Address of Parent/Guardian if Different from Parent	eMail Address		Work phone	Home Phone
Name of Parent:	Relationship to student	Living at home	Place of employment	Cell phone
Address of Parent/Guardian if Different from Parent	eMail Address		Work phone	Home 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 son/daughter 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 AND DAY PREFERENCE:**

PRIMARY SUNDAY MORNINGS 9:30-11:30 a.m.	ELEMENTARY-MIDDLE SCHOOL Weekdays 4:15-6:15 PM Sundays 9:30-11:30 a.m. <i>*Minimum student enrollment required</i>				CONFIRMATION Mondays 6:30-8:30 p.m.	POST-CONFIRMATION Alternating Mondays 7:30-8:30 p.m.
Kindergarten			S/T 3rd		8th	11th
First Grade			S/T 4th		9th	12th
Second Grade		*M/W 6th	S/T 5th		10th	
		*M/W 7th	S/T 6th			
			S/T 7th			