



**Avi and Alison Rosenberg Religious
School Registration 2022-2023 (5783)**

2151 Riverside Drive, Coral Springs, FL 33071
954-753-3232 www.templebethorr.org

Student information:

Name: _____ Hebrew Name: _____ Grade entering in Fall 2022: _____
Name: _____ Hebrew Name: _____ Grade entering in Fall 2022: _____
Name: _____ Hebrew Name: _____ Grade entering in Fall 2022: _____

Parent/Guardian 1 Contact Information:

Name: _____
Address: _____
Home phone: _____
Cell phone: _____
E-mail(s): _____

Parent/Guardian 2 Contact Information:

Name: _____
Address: _____
Home phone: _____
Cell phone: _____
E-mail(s): _____

Please provide us with one *EMERGENCY CONTACT* to be notified if parents/guardians are unreachable.

Name _____

Relationship: _____ Phone: _____

Please provide us with a list of people who are allowed to pick up your child(ren) from religious school:

Would you like to volunteer in the Religious School at Temple Beth Orr? Please mark what interests you:

- | | |
|--|---|
| <input type="checkbox"/> Class Volunteers | <input type="checkbox"/> Elective Teacher • Topic _____ |
| <input type="checkbox"/> Substitute Teacher • Grades _____ | <input type="checkbox"/> Member of Religious School Committee |
| <input type="checkbox"/> Technology Assistants | <input type="checkbox"/> Hebrew Tutor |
| <input type="checkbox"/> Religious School Fundraising | <input type="checkbox"/> Other (please describe) _____ |

Medical Information

Please fill out the Medical information for each of your children. Also, please indicate any specific medical and/or psychiatric conditions including asthma, allergies requiring an epi-pen, depression, and/or dietary restrictions. All information is strictly confidential (on file in office and with teacher).

Student: _____

Doctor Name and Phone Number _____

Medication/ Dosage/ Reason _____

Special Medical needs _____

Student: _____

Doctor Name and Phone Number _____

Medication/ Dosage/ Reason _____

Special Medical needs _____

Student: _____

Doctor Name and Phone Number _____

Medication/ Dosage/ Reason _____

Special Medical needs _____

I hereby grant permission for the Staff of Temple Beth Orr's Avi and Alison Rosenberg Religious School to contact the above medical personnel to obtain emergency medical care if warranted:

Signature _____ Date _____

Photo/Video/Website Release

We may take photos and/or videos of your child(ren) during religious school and/or programs and events at Temple Beth Orr. Periodically we may publish information regarding our religious school programs in local newspapers and/or on the TBO Website and/or Facebook page. We request that you carefully consider whether you agree or disagree to allow your child(ren)'s picture to be featured.

I, _____, the guardian of _____

AGREE to allow photos/video of my child(ren) to be used as stated above.

Signature _____ Date _____

I, _____, the guardian of _____

DO NOT AGREE to allow photos/video of my child(ren) to be used as stated above.

Signature _____ Date _____

Confidential Information

*This form is not required, but can help our staff work better with your children.

Student's Name _____ Grade (at TBO) _____

Guardians' Name(s) _____

Please fill out the questions below to the best of your ability. At TBO, we have no interest in “labeling” students. Rather, the more information we have about our students as learners, the more we will be able to create an enriching learning experience.

Describe what you consider to be strengths and/or weaknesses of your child. Please include attributes such as attention skills, conceptual skills, motor skills, visual-receptive skills, auditory-receptive skills and/or automatic skills.

Is your child receiving specialized support service in or out of the secular school setting? If yes, please list what kind of services and who is the provider? *If your child has an Individualized Education Program (IEP) at secular school, please attach it to the back of this form.*

Has there been a family event (divorce, death, remarriage, etc.) within the last few years that might require special attention/knowledge? _____

Are there any other important facts you would like to share in regards to your child? _____

Can this information be shared with program coordinator(s) and/or your child's teacher? _____