



**THE TEMPLE RELIGIOUS SCHOOL  
REGISTRATION 2018-2019**

**\*\*Please print legibly\*\***

Student's Name: \_\_\_\_\_ M  F  Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Religious School grade level as of August 2018: \_\_\_\_\_

Name of weekday school your child attends: \_\_\_\_\_

MOTHER  
Mrs. Ms. Dr. \_\_\_\_\_

FATHER  
Mr. Dr. \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Child lives with both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Religious School arrangements: \_\_\_\_\_

Grandparent name/address if living in Louisville: \_\_\_\_\_

Describe any physical or learning differences that might affect your child's performance and/or participation in Religious School (confidential):

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL, ACTIVITIES/TRIP AND PHOTOGRAPHY PERMISSION INFORMATION**

Student's full legal name: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an emergency, please list any allergies or medical issues and medication (with dosages) that your child takes regularly: \_\_\_\_\_

\_\_\_\_\_

I permit my child to attend any activities and planned trips arranged by The Temple Religious School and release its officers and employees from any and all liability arising from my child's participation in such activity. In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child. I understand that I will be contacted immediately, as will our physician and/or dentist. If there is difficulty in reaching this physician, The Temple Religious School may consult with or take my child to another physician, or to an emergency medical facility.

Custodial Parent or Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Photo Release - I give my permission for my child's photo to be used in The Temple print or digital publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE FOR EACH CHILD AND RETURN BY JUNE 1, 2018**

Return to: The Temple Religious School • 5101 US HWY. 42 • Louisville, KY 40241

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