

REFORM TEMPLE OF PUTNAM VALLEY

RELIGIOUS SCHOOL REGISTRATION FORM 2009-2010

Dear Parent: We are looking forward to working with you and your child. Kindly complete the form and **return it to us by May 10 with your \$50.00 deposit for registration** so that we can finalize our book orders. If I may be of any additional help, please do not hesitate to contact me. Thank you – **Edward Rodman**, Chair, RTPV Education Committee

1. **Student's Name:** (please print clearly) _____
2. Male Female **Date of Birth:** _____
3. **Home Address:** _____
City: _____ **Zip Code:** _____
4. **Home Phone:** () - _____ **Student's E-Mail Address:** _____ (used: Daily Wkly
Parent E-Mail Address: _____ (used: Daily Wkly
5. With whom does child reside? Mom Dad Both Other _____
6. Name of other significant adult/s in household: _____
7. Mother's Name: _____ Business Phone: _____
8. Father's Name: _____ Business Phone: _____
9. Names and Ages of Siblings: (please provide **Date of Birth for younger siblings**): _____
10. If parents are not living together, list name, address and phone of parent with whom child does not reside: _____

 Can we add this parent to our mailing list: Yes No
11. If new to the RTPV Religious School, please enter this child's last level of Religious School training completed: _____
 Where: _____ Month & Year completed: _____
12. **I AM REGISTERING MY CHILD FOR: (PLEASE CHECK ONE BELOW):**
Sunday School For Pre-schoolers (ages 3 & 4), five sessions yearly: Holiday Workshop
Sunday School Intro-classes (ages 5 & 6), once monthly: Kinder Shabbat / B'raysheet
Sunday School Intro-classes (age 7), (twice monthly) once a month 08-09: Kadima
Regular Saturday School: Aleph Bet Gimmel Dalet
Bar/Bat Mitzvah Class meeting on Sundays: Hay
Two-year Post B'nai Mitzvah Class - Kabbalat Tora: Vav Zion **High School Program**
13. Name of Elementary or Secular School (as of Sept. 2009): _____
14. Grade at Elementary or Secular School (as of Sept. 2009): _____
15. I am interested in joining the Education Committee: Yes No
16. I am interested in being a (please check if interested): Class Mother Class Father
17. I have a particular skill/s (i.e.: knowledge of Hebrew, play a musical instrument, dramatic or artistic ability) and would be interested in sharing this with our children: _____

18. Please list any **pertinent educational information** which would be helpful in instructing your child, (e.g.: learning disability, visual or auditory problems, Attention Deficit Disorder –Hyperactivity). If additional space is required, please use other side: _____

19. Please list any conditions and/or medications which the school should be aware of: _____

20. **EMERGENCY CONTACTS: (please list, at least, two):**
 1. _____ Telephone: _____
 2. _____ Telephone: _____
21. **My Emergency Cellular Telephone** if there is no answer at my residence: _____
22. **Physician's Name:** _____ **Telephone:** _____
23. In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I authorize the school to call the physician above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements are necessary.
SIGNATURE OF PARENT OR GUARDIAN: _____

Please Print Name Of Above Signatory

For school use only: Date of Receipt: _____ Payment: _____ A B C D E F: _____ Hw Ks Br K A B G D H V Z <p style="text-align: center;">April 24 2009</p>
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