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| **STUDENT INFORMATION**  **SCHOOL YEAR 2021-2022** |

DIRECTIONS: Please review and complete carefully for each child. We will share this information with our faculty to help enrich your child’s Religious School experience. Please advise Reform Temple of Putnam Valley Religious School of any changes during the school year. **Enrollment forms must be returned no later than September 11th**.

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| **STUDENT INFORMATION:** |

**Student Name**: \_­\_\_\_\_\_\_ Birthdate:

Nickname: Student’s Hebrew name (if any): Grade (2021-2022):

Mailing Address:

City: State: Zip: Phone: ( )

Public/Private school attending: Student cell phone:

Student’s E-mail Address:

Student lives with □ Mother □ Father □ Both □ Other

Is there a stepparent involved in the student’s life? Name

Does student have siblings (Name and birthdate)? 1. 2. 3.

How long has the family belonged to RTPV?

**Religious School information is sent by email. Please provide an email address for communications from the Religious School.**

***-Please let us know if you require communications through postal mail.-***

**Parent/Guardian 1 Name** Occupation daytime/work

Address if different from student

Cell phone number Email

**Parent/Guardian 2 Name** Occupation daytime/work

Address if different from student

Cell phone number Email

Does student’s family include other religious traditions about which it would be helpful for us to know? (Please describe)

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| **STUDENT BACKGROUND:** |

Has the student attended other Religious Schools? (School/city/grades):

How does the student learn best?

What does student enjoy most about Religious School?

Is there anything else about this student that would be helpful for us to know?

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| **DISMISSAL INFORMATION:** |

Please list all of the people (in addition to parents/guardians) who are allowed to pick up your child from school (full name and relationship).

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| **Name** | **Phone Number** | **Relationship to Student** |
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| **HEALTH AND OTHER INFORMATION:** |

Please check the items that apply to student and explain below (Please provide an IEP or 504 Plan if applicable)

PLEASE FILL THIS OUT EVEN IF YOU HAVE DONE SO IN PRIOR YEARS.

□ ADD/ADHD □ Allergies/Asthma □ Emotional disability □ Fine motor difficulties □ Food Allergies □ Frequent headaches

□ Gross motor difficulties □ Impaired hearing □ Impaired vision □ Learning disability □ Past serious illness or injury (dates)

□ Regular medication □ Autism Spectrum

□ IEP/504, please attach □ Other **If any of the above are checked, please explain:**

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| **MEDICAL AND EMERGENCY AUTHORIZATIONS FOR RTPV AND TRIPS:** |

If your student becomes injured or ill at Religious School or while participating in a related program, whether at or away from Reform Temple of Putnam Valley, every reasonable effort will be made to contact you or another specified adult. The following instructions will remain in force unless revoked in writing by you. If you do not want to give any one of these instructions, you must cross through it entirely in ink and write your initials next to the line.

1. I authorize Reform Temple of Putnam Valley to give my student first aid.
2. In case of a medical emergency, I authorize Reform Temple of Putnam Valley to arrange for an ambulance and emergency medical treatment for my student. I understand that I will be contacted as soon as possible.
3. In case of a medical emergency, I authorize Reform Temple of Putnam Valley to contact and obtain relevant information from my student’s physician and dentist.

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|  | **Phone Number** |
| **Physician’s Name:** |  |
| **Dentist’s Name:** |  |
| **Medical Insurance Carrier & Policy Number:** |  |

**If I cannot be reached in case of a serious injury or illness, please contact:** (this is an emergency contact and should NOT be a parent)

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| **Name** | **Phone Number** | **Home/Cell** | **Relationship to Student** |
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| **RELEASE AND SIGNATURE:** |

I have read and agree to the Medical and Emergency Authorizations for RTPV and trips (except as modified by me) above. I agree to release Reform Temple of Putnam Valley, its lay leaders, and staff from any claim or loss arising out of my student’s participation in Religious School. I have authority to sign this Form on behalf of my family.

Print Name: Signature: Date:

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Date Received Fee Received

**Photo & Name Releases: 2021-2022**

Please read and circle your preference regarding **both** Photo Permission and Use of Name Permission, then sign below.

1. **I hereby** **DO** / **DO NOT** (Circle one)

Give Reform Temple of Putnam Valley, the absolute right and permission to use my and my children’s photograph(s) **WITHOUT IDENTIFCATION BY NAME** in its promotional materials and publicity efforts.

I understand that the photograph(s) may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, Internet, World Wide Web), or other form of promotion. I release the Congregation, its officers and members of the board of trustees, the photographer, employees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I am 21 years of age and am competent to contract in my own name and in the name of my children. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

NAMES WILL NOT BE USED/CHILDREN WILL NOT BE IDENIFIED BY NAME

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1. I **DO / DO NOT** (Circle one)

give permission to publish my and or my children’s **FIRST AND LAST NAMES WITH and WITHOUT PHOTOS**

in in its promotional materials and publicity efforts as detailed above.

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name(s) of Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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