



# Temple Beth Sholom

*“A Caring Community”*

1809 Whitney Avenue, Hamden, Connecticut 06517-1401, 203.288.7748

Rabbi Benjamin E. Scolnic  
**Temple Beth Sholom**  
*“A Caring Community”*

## Temple Beth Sholom Hebrew School Registration Form Grades Chaverim, and Kinderlach through Hay 2015-2016 School Year

### Student Information: Child 1

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Hebrew School Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Public School Grade \_\_\_\_\_ Name of School \_\_\_\_\_ Town \_\_\_\_\_

### Student Information: Child 2

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Hebrew School Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Public School Grade \_\_\_\_\_ Name of School \_\_\_\_\_ Town \_\_\_\_\_

### Student Information: Child 3

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Hebrew Name \_\_\_\_\_ Hebrew School Grade \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Public School Grade \_\_\_\_\_ Name of School \_\_\_\_\_ Town \_\_\_\_\_



**Parent/Guardian Information:**

Please indicate if a parent/guardian is of another faith: Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent/Guardian 1 Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

In case of emergency and the parent or caregiver cannot be reached, please notify:

Name \_\_\_\_\_ Relationship to family \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please list any current medications, medical conditions, recent injuries, and food or drug allergies:**

**Media Release**

I hereby consent to the use of my/my child's name, likeness and speech in any audio tape, video tape, film or photograph made in any Temple Beth Sholom Hebrew School activity for the business or publicity purposes of Temple Beth Sholom. I understand that any participation offers no remuneration and that my/my child's name, likeness and speech may be edited, produced, recorded for duplication and distribution throughout Connecticut.

*Please sign here if you **do not** agree to the Media Release* \_\_\_\_\_

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date

