



**Rabbi Albert I. Gordon Religious School**  
**Application for Registration – Gan (K) through Hay (5<sup>th</sup>)**  
**2017-2018/5778**

**Today's Date:** \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name \_\_\_\_\_ Female Male  
*Last* *First* *Middle*

Date of Birth \_\_\_\_\_ Age (as of 9/17) \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Elementary School \_\_\_\_\_ Grade (as of 9/17) \_\_\_\_\_

**FOR ALL INCOMING 2<sup>nd</sup> – 5<sup>th</sup> GRADERS:**

In addition to the regular Religious School schedule (Sunday and Thursday):

**\*** I wish to enroll my child in Temple Emanuel's Tuesday Enrichment Program, 4-6 pm (Lots of fun, learning support and enrichment, and no additional charge!)

Yes  No  Please send me more information

**PARENT INFORMATION**

Parent 1 Name _____	Parent 2 Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____
Parent 1 Address (if different from student) _____ _____	Parent 2 Address (if different from student) _____ _____

Parent 1 Religious Background \_\_\_\_\_ Parent 2 Religious Background \_\_\_\_\_

If child's mother is not Jewish, or if child is adopted, has child been converted? Yes No

Where? \_\_\_\_\_ Date \_\_\_\_\_

Are you currently a Temple Emanuel Member? Yes No:

If no, are you a member of another synagogue? \_\_\_\_\_

**OTHER CARETAKERS** (i.e. nanny, babysitter, grandparent) we should know about. Please include telephone number(s).  
\_\_\_\_\_

**SIBLINGS:**

Name _____ Grade _____ Age _____	Name _____ Grade _____ Age _____
Name _____ Grade _____ Age _____	Name _____ Grade _____ Age _____

**OTHER JEWISH EDUCATION** (if new to TE): Has your child attended another synagogue or day school? Yes No

If so, where? \_\_\_\_\_

**SUMMER CAMP EXPERIENCE 2017:** Will/Did your child attend:

Jewish Day Camp? Yes No Camp \_\_\_\_\_

Jewish Overnight Camp? Yes No Camp \_\_\_\_\_

**MEDICAL INFORMATION**

\***ALLERGIES:** Please list allergies and READ AND COMPLETE IMPORTANT "ALLERGY INFORMATION FORM"

\***IMMUNIZATIONS:** I confirm that my child has been immunized in accordance with the MA Department of Public Health for his/her age. Please initial \_\_\_\_\_

\***MEDICATIONS** (Please list regular medications child takes):

\***IN CASE OF EMERGENCY,** I give permission to Temple Emanuel staff members to take any necessary action, such as administering treatment to my child, including allergy medications I have given the school for this purpose, or arranging transport for my child to the nearest hospital to receive appropriate emergency care.

If possible, I prefer that my child be taken to \_\_\_\_\_ Hospital.

If possible, please contact the following physician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider/Policy #: \_\_\_\_\_

\* **EMERGENCY CONTACT(S)** Other than parents:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENTAL PHOTO/FIELD-TRIP AUTHORIZATION – Agreement for 2017/2018 School year:**

I give permission for my child's image/likeness to be used in any school or community-related publications including Temple Emanuel website and Facebook page (no names are listed).

I give permission for my child to attend off-site field trips with his/her class, accompanied by Temple Emanuel teachers/staff/parent chaperones. I understand that dates, times and locations will be announced prior to each trip and that transportation will be provided by hired bus, departing from and returning to Temple Emanuel.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OTHER INFORMATION:**

\* **Class Placement Policy:** Please read, and, at your option, complete the enclosed form regarding Class Placement.

\* **Learning Support:** Please help us serve your child better by completing the enclosed Learning Support Information Form, if applicable.

\* **Allergy Information Form:** If your child has an allergy, please complete the enclosed Allergy Information Form.

\* **Financial Assistance:** Do you anticipate needing tuition scholarship assistance?  Yes  No  
If yes, please contact the Religious School Office or Main Office for an Abatement Certification form, complete it and return it to the Temple Emanuel office, c/o Stuart Cole, President ([stuart@countymtg.com](mailto:stuart@countymtg.com)). You will be contacted confidentially.

**Rabbi Albert I. Gordon Religious School**  
**Application for Registration Grades Gan (K) through Hay (5<sup>th</sup>)**  
**2017-2018/5778**

**Class Placement Policy Information**

We believe that appropriate class placement is very important and the education team puts much time and thought into assigning students to classes with the goal of creating an optimal learning environment for each student. Our objective is for every student to be successful in a supportive and challenging educational setting.

A team consisting of the school director, the current grade teachers, and the incoming grade teachers carefully consider the following factors in making classroom assignments:

- Class size and gender balance
- Academic strengths and learning styles
- Peer relationships
- Individual learning needs

Parents may use this form to offer input regarding classroom placement that includes the child's learning style and a brief list of peers who would enhance the child's learning experience. This information will be considered along with the above criteria. Final decision on student class placement will be made by the school director.

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

---

---

---

---

---

---

---

---

**Rabbi Albert I. Gordon Religious School**  
**Application for Registration Grades Gan (K) through (5<sup>th</sup>)**  
**2017-2018/5778**

**Learning Support Information Form**

*If applicable, please help us support your child's Jewish learning by completing this form.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Does your child have any **emotional and/or familial issues** of which we should be aware? Yes No

If yes, please describe, and share any support plans in place:

---

---

---

2. Does your child have any **learning, attentional, or behavioral issues** of which we should be aware? Yes No

If yes, please describe, and share any support plans in place:

---

---

---

3. Does your child have an IEP or 504 Plan? Yes No

**If yes, please submit a current copy to the Religious School.**

4. Does your child receive individual support services in the classroom at secular school? Yes No

If so, please describe.

---

---

5. **I give permission for the Religious School Director to communicate with my child's public school teacher to share strategies for supporting my child's learning.**

\_\_\_\_\_  
(Parent Signature/Initials)

**Rabbi Albert I. Gordon Religious School**  
**Application for Registration Grades Gan (K) through (5<sup>th</sup>)**  
**2017-2018/5778**

**ALLERGY INFORMATION**

Please complete this form if you child has an ALLERGY!

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

My child is allergic to:

1. \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

2. \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

3. \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Treatment: \_\_\_\_\_

- I will provide an Epi-pen to the Religious School: Yes No
  
- My child carries an Epi-pen in his/her backpack: Yes No