Temple Sharey Tefilo-Israel

Dear Religious School families,

I am thrilled to introduce myself as the new Director of the Linda and Rudy Slucker Religious School. I look forward to welcoming your families to a school year that I know will be filled with challenging and exciting learning opportunities. Please stop by and introduce yourselves to me over the summer. I look forward to meeting and getting to know you all.

To register your child(ren) for the upcoming school year, please use our new online system at: https://spreadsheets.google.com/spreadsheet/formResponse?formkey=dE5BbEkyQmpqQ1E1NWIzOXk0aGExLUE6MQ&theme=0AX42CRMsmRFbUy04NmYzYTk2OC1hYzhjLTQ1NTAtOTRiNS0zZWI4YWM2MmI4Njk&ifq.

You will be able to pay Religious School tuition once you have completed the registration form. Altenatively, you may send in a check for payment via mail or by dropping it off at TSTI. Either way, you must use the on line forms to register.

As we transition to the new online system we still require some paperwork to be filled out and returned to the Religious School office. Attached you will find Student Information, Parent Volunteer and Publicity Release Forms. Please fill out a separate form for each child. Please return these forms to the Religious School Office as soon as possible, in addition to completing the on-line registration.

If you have any questions please refer to our website www.tsti.org or feel free to contact me at anytime at 973-763-3793.

Warm regards,

Mindy Schreff
Director

STUDENT INFORMATION FORM

Child's Last, First Name: _____Grade_____

Physician Name & Phone:
Dentist Name & Phone:
Orthodontist Name & Phone:
Allergies (food, drugs, other):
Dietary Restrictions (milk, nuts, eggs, gluten):
Medical condition(s) the school should be aware of:
Medications:
Child may be given acetaminophen (Tylenol): ☐ yes ☐ no Child may be given ibuprofen (Advil): ☐ yes ☐ no Child may be given Benadryl: ☐ yes ☐ no Does your child have an Epi Pen? ☐ yes ☐ no
Medical Insurance: Policy Number:
I hereby authorize the above physicians and/or their associates or assistants, or their covering physicians, or in the event these persons cannot be contacted, the emergency physician to provide emergency medical treatment to my child for: **a.** any laceration, fracture, or other traumatic injury; or **b.** any symptom, disease, or injury that may be life threatening, disfiguring, or cause permanent impairment. No major surgery or life-threatening procedure may be performed on my child and no general anesthesia may be administered unless: **a.** The life or health of my child is in danger or if delaying such treatment to obtain consent would cause a threat or serious injury to the health of my child; and **b.** the attending physician and one other physician consult and agree that such a treatment is necessary for the health of my child. Parent Signature_____ Date_____

ADDITIONAL INFORMATION

Please indicate any additional information we should have about your child. This information will help us do our best in providing your child with a warm, creative, and nurturing environment in which he/she will learn and experience success. If your child has an IEP (Individualized Education Plan) or other special instructions, please provide a copy.

☐ ADD	☐ Learning Disability	☐ Hearing Loss
☐ ADHD	☐ Dyslexia	☐ Visual Impairment
☐ Autistic Spectrum Disorder	☐ Perceptual Impairment	☐ Frequent need to use the bathroom
☐ OCD	☐ Anxiety	

Are there any learning modifications implemented in the public school classroom?

Speech and language Assistance _____ Resource Room _____
Special Education _____ Instructional Aide _____
Other (please describe)_____
_____

Would you like to receive a call from the director or your child's teacher to discuss your child prior to the start of the school year?

Are there any special living arrangements we should be aware of? If so, please describe below:

What else would you like us to know about your child that will assist us in insuring that they have a positive school experience?

*Please be assured we respect your family's privacy. This form is kept confidential and will only be shared with your child's teachers in an effort to provide the best educational experience for him or her.

PARENT COMMUNICATION FORM

All communications will be via email when possible. Indicate where we should contact you via phone in the event of a school closing on both Sunday and weekdays.

Parent/Guardian 1:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Home Address:

Parent/Guardian 2:
Home Phone:
Work Phone:
Cell Phone:
Email Address:
Home Address:

Emergency Contact Information:

For Sunday emergencies please call_____

Phone Number _____

Relationship to child_____

For Tuesday emergencies please call_____

Phone Number_____

Relationship to child_____

PARENT VOLUNTEER OPPORTUNITIES

Your assistance with school programs is critical to the success of the Religious School program. If you would like to help, please indicate below and a member of the Religious School Board will be in touch! Thanks for your help. We can't do it without you!

- ☐ Class Parent for Grade_____
- ☐ Carpool Volunteer
- ☐ Religious School Consecration of New Students (10/21)
- ☐ 6th Grade Family Shabbat Dinner (9/23)
- ☐ 5th Grade Family Shabbat Dinner (3/9)
- ☐ Chanukah Mania Set Up (12/16)
- ☐ 3rd Grade Family Shabbat Dinner (1/27)
- ☐ Chanukah Mania (12/18)
- ☐ 4th Grade Family Shabbat Dinner (2/10)
- ☐ Purim Extravaganza Set Up (3/9)
- ☐ Purim Extravaganza (3/11)
- ☐ K-3rd Passover Seders (4/1)
- ☐ 4th - 6th Grade Passover Seder (4/10)
- ☐ Do you have a skill, occupation or subject matter you would like to share with your child's class? If so, please let us know.

  _____

  _____

Parent's Name:_____

E-Mail:_____

Best Number and Time to Contact you:_____

PUBLICITY RELEASE FORM

☐ Temple Sharey Tefilo-Israel HAS PERMISSION to submit photographs of my child to local publications and/or to exhibit on the Temple Sharey Tefilo-Israel website. (Please note- identifying information will not be used, only the grade level and the activity.)

☐ Photographs of my child may NOT be used for publicity purposes. (Please send a picture of your child so we can easily identify them and ensure they are not exhibited on our website. Please send to TSTI attention: Debi Wolkoff)

Parent Signature_____ Date_____