

Ramat Shalom Torah School Registration Form 2016-2017

(Please return a **separate** form for each child with your Membership Packet)

Child's Name _____

Address _____ Home Phone _____

City/Zip Code _____ Date of Birth _____

Hebrew Name _____ Age on 8/1/16 _____

Grade in School 2016-2017 _____ Torah School Grade _____

Name of Child's School _____

Parent #1 _____ Cell Phone _____ Work Phone _____

Parent #2 _____ Cell Phone _____ Work Phone _____

Email: Child _____ Parent(s) _____

Child lives with: Mother _____ Father _____ Both _____ Other _____ / Relationship _____

If your child is new to Ramat Shalom Torah School, please indicate child's previous Sunday/Hebrew school experiences.

Name of School _____ # of years _____

Emergency Information: In case of minor illness or injury of my child at school, I give the school staff permission to give basic first aid to my child. In case of a major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child.

In case of an emergency call:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

My child may be picked up from Torah School by the following people:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

List any allergies, medical conditions and/or daily medication: (Please notify the Torah School office of any changes)

Allergies: _____

Medical Conditions: _____ **Medication:** _____

Please provide any information about your child that may affect the classroom learning; for example, specific learning issues, special needs, or educational accommodations. _____

1. **Electronic Items:** Ramat Shalom is not responsible for any phones or games brought to school. We therefore suggest that you do not bring these items.

2. **Publicity Release:** I authorize pictures and/or videos of my child to be used for publicity and marketing purposes on the Ramat Shalom website, newspapers, magazines, social media, or marketing materials. _____ Yes _____ No (**PLEASE INITIAL**)

3. **School Directory:** I give permission for my child's name, phone number, address, and e-mail to be included. _____ Yes _____ No

Parent's Signature _____ Date _____

Torah School Schedule

SUNDAYS

**K-6th Grades
9:00AM-12:00PM**

WEDNESDAYS

3rd - 7th Grades

5:00-6:00PM

**Drop-In Hebrew
Enrichment**

7th Grade

6:00-8:00PM

**Classes are assigned
at the discretion of
Ramat Shalom**