



**MORRIS NIRENBERG RELIGIOUS SCHOOL OF TEMPLE BETH TORAH
RELIGIOUS SCHOOL REGISTRATION 2018-2019**

ALL INFORMATION IS STRICTLY CONFIDENTIAL

The registration fee must accompany the Registration Form. Please make your check payable to *Temple Beth Torah* for \$50.00 per student in grades Gan through Bet and K'sharim, and \$100.00 per student in grades Gimel through Vav. Registration fee is non- refundable.

Student's Name _____	Public School Grade: _____
Hebrew Name _____	Date of Birth: _____
Home address _____	Home phone _____
Father's Name _____	Father Cell _____
Father email _____	Father Work _____
Mother's Name _____	Mother Cell _____
Mother email _____	Mother Work _____

If parents are divorced or separated, who is the custodial parent? _____

What is the best way to reach you during school hours, if needed?

Please contact _____ Best contact number _____

Medical Information

Does your child have any allergies or medical conditions that we should be aware of?

YES _____ NO _____ if yes, please specify _____

Does any member of your family have any allergies or medical conditions that could be put at risk because of food or any school activity? YES _____ NO _____ If yes, please specify _____

In the event parents are unable to be contacted in case of illness or emergency, the following persons are to be notified:

Name _____ Phone # _____

Name _____ Phone # _____

Hospital/Emergency Room preference _____

Call an ambulance? Yes ___ No ___

Health Plan _____ Insurance # _____