

## MORRIS NIRENBERG RELIGIOUS SCHOOL OF TEMPLE BETH TORAH **RELIGIOUS SCHOOL REGISTRATION 2020-2021**

## **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 Bet Plus, Gimel through Vav. Registration fee is non-refundable.

Student's Name	Parent #1 Name
Hebrew Name	Parent #1 cell
Home address	Parent #1 work
	Parent #1 email
Home Phone	
Public School Grade	Parent # 2 Name
Date of Birth	Parent # 2 cell
If parents are divorced or separated, who is the custodial parent?	Parent # 2 work
	Parent # 2 email
What is the best way to reach you during school hours, if needed?	
Please contact Best co	ntact number
Medical Information	
In the event parents are unable to be contacted in case of illness notified:	or emergency, the following persons are to be
Name Ph	none #
Name Ph	none #
Does your child have any allergies or medical conditions that we sh	nould be aware of?
YES NO if yes, please specify	
Does any member of your family have any allergies or medical con-	·
any school activity? YES NO If yes, please speci	ify
Hospital/Emergency Room preference	
Call an ambulance? Yes No	
Health Plan	Insurance #