



Temple Micah Religious School
Student Registration and Emergency Form
2016-2017/5777

Family Information

Parent /Legal Guardian Name _____ Phone (1) _____ Phone (2) _____

Parent /Legal Guardian Name _____ Phone (1) _____ Phone (2) _____

Parent Email(s) for Religious School Communication: _____

Home Address(s)

Additional Parent/Guardian Information

Are you a member of Temple Micah? Yes No

Emergency Information

In case of MILD INJURY, may we administer first aid? Yes No

In case of SERIOUS ILLNESS/INJURY, if parents cannot be contacted, may we call 911 if necessary? Yes No

If answer to this question is no, please tell us what you want done.

Please list two local emergency contacts in the event that parent/guardian cannot be reached.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In case of a medical emergency, I authorize the staff of TMRS to obtain emergency medical treatment for my child as detailed above.

Parent or Guardian Name (please print)

Signature

Date

Please register student(s) on Page 2

Student Information

1. Name of Student (English) _____ and (Hebrew) _____

Date of Birth: _____ Gender: M F School Grade Fall 2016: _____

Known food or drug allergies or specific diet : _____

Daily medications, if any: _____

Learning difficulties that we should know about, if any: _____

Anything else we should know? _____

2. Name of Student (English) _____ and (Hebrew) _____

Date of Birth: _____ Gender: M F School Grade Fall 2016: _____

Known food or drug allergies or specific diet : _____

Daily medications, if any: _____

Learning difficulties that we should know about, if any: _____

Anything else we should know? _____

3. Name of Student (English) _____ and (Hebrew) _____

Date of Birth: _____ Gender: M F School Grade Fall 2016: _____

Known food or drug allergies or specific diet : _____

Daily medications, if any: _____

Learning difficulties that we should know about, if any: _____

Anything else we should know? _____

PLEASE COPY THIS PAGE IF YOU HAVE MORE THAN 3 CHILDREN TO ENROLL

Please complete information, sign ALL forms and return them NO LATER THAN September 5, 2016 to:

Temple Micah Religious School
5209 Montview Blvd. Denver, CO 80207
Or Scan and return on-line to brenda.bruno@micahdenver.org

We need registration and tuition forms to be able to plan on amount of staff and classroom space, so please fill this out as soon as you can to help us plan a wonderful year for your children.

This year, all families will get to participate in Shabbat Supper Clubs. You will have the choice to host or be hosted by other Micah families with similar aged children throughout the year. If you have a preference to host or to be hosted, please specify below.

_____ Our family would love to HOST another family or two.

_____ Our family would love to be hosted and we will help by bringing a requested dish to share.

RELIGIOUS SCHOOL FAMILY RETREAT

Bring your whole family to the mountains for an amazing Shabbat weekend retreat.

Date: Fall or Spring

Cost: approx. \$350 per family which includes housing, food, and programming

Space will be limited, so you are encouraged to register now.

We will send out additional reminders as the date approaches.

_____ **Yes, our family is planning on participating!!!!**

PHOTO OF EACH CHILD

Please attach or email/scan a color copy of a recent photo of each child you are enrolling as well as a family photo. Photos should be labeled with the first and last name of the child. This will help us all better get to know everyone at religious school!

RELEASE OF PHOTOGRAPHS FOR MINORS

I, (print name) _____, parent or official guardian of
(print child's name(s)) _____,
hereby grant permission to Temple Micah to take and use: photographs and/or digital images of my child for use in news releases, promotional materials, Micah Facebook Page, internal emails, and other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

(Signature of Parent/Guardian)

(Date)

OR

I, (print name) _____, parent or official guardian of
(print child's name(s)) _____,
hereby do **NOT** give permission to Temple Micah to take and use: photographs and/or digital images of my child for use in news releases, promotional materials, Micah Facebook Page, internal emails, and other electronic communications. I further agree that my child's name and identity may **NOT** be revealed in descriptive text or commentary in connection with the image(s).

(Signature of Parent/Guardian)

(Date)