

Family Last Name _____

Parent 1 Last Name, First Name _____

Parent 1 Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent 1 Email _____

Parent 2 Last Name, First Name _____

Parent 2 Home Address (if different than Parent 1) _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent 2 Email _____

Child(ren) reside with: Both Parents _____ Parent 1 _____ Parent 2 _____

Send mail to _____

Emergency Contact (Local, other than parents)

Name _____ Relationship _____ Phone _____

Publicity Release for Minors: We occasionally submit pictures of our activities for publication and/or post them on our website.

_____ I hereby consent to the publication of photographs, video or quotes made by my sons/daughters in print or on the TKA website for this school year.

_____ I do not give my permission.

In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by Temple Kol Ami or its agent to transport, secure treatment for and to order injection, anesthesia, surgery or to hospitalize my child(ren) as named on this(these) registration form(s).

Parent's Signature _____



Child #1 First and Last name _____ Hebrew name _____

Date of Birth _____ Age as of 9/1/19 _____ Boy _____ Girl _____

Secular School _____ Secular school grade (9/19) _____ Religious school grade (9/19) _____

Student's Email Address _____

Does this student have any special needs? _____ if yes, complete additional form.

Allergies? _____ If yes, to what? _____

Medications? _____

Health Insurance Company _____ Policy Number _____

Name of Insured _____ Claims/Phone Authorization # _____

Physician and Phone Number _____

Dentist and Phone Number _____

Family Last Name _____

Child #2 First and middle name _____ Hebrew name _____

Date of Birth _____ Age as of 9/1/19 _____ Boy _____ Girl _____

Secular School _____ Secular school grade (9/19) _____ Religious School grade (9/19) _____

Student's Email Address _____

Does this student have any special needs? _____ If yes, complete additional form.

Allergies? _____ If yes, to what? _____

Medications? _____

Health Insurance Company _____ Policy Number _____

Name of Insured _____ Claims/Phone Authorization # _____

Physician and Phone Number _____

Dentist and Phone Number _____



Child #3 First and middle name _____ Hebrew name _____

Date of Birth _____ Age as of 9/1/19 _____ Boy _____ Girl _____

Secular School _____ Secular school grade (9/19) _____ Religious School grade (9/19) _____

Student's Email Address _____

Does this student have any special needs? _____ If yes, complete additional form.

Allergies? _____ If yes, to what? _____

Medications? _____

Health Insurance Company _____ Policy Number _____

Name of Insured _____ Claims/Phone Authorization # _____

Physician and Phone Number _____

Dentist and Phone Number _____



Child #4 First and middle name _____ Hebrew name _____

Date of Birth _____ Age as of 9/1/19 _____ Boy _____ Girl _____

Secular School _____ Secular school grade (9/19) _____ Religious School grade (9/19) _____

Student's Email Address _____

Does this student have any special needs? _____ If yes, complete additional form.

Allergies? _____ If yes, to what? _____

Medications? _____

Health Insurance Company _____ Policy Number _____

Name of Insured _____ Claims/Phone Authorization # _____

Physician and Phone Number _____

Dentist and Phone Number _____

INDIVIDUAL STUDENT INFORMATION

In an effort to provide the best Religious School experience for your child(ren), we ask that you share with us pertinent information about learning styles and/or Religious School experiences. This information will be held in strict confidence and shared with your child's teacher only with written permission.

Please complete a separate form for each child. Make copies as needed.

Name of student _____

_____ You have my permission to discuss the information below with his/her teacher.

_____ Please call me before sharing the information.

Parent's Signature: _____ Date: _____

This information supplied by _____

Relationship to student _____

Describe any physical/emotional/social learning needs that may affect the student's performance and/or adjustment to Religious School.

Describe previous experiences with religious education (if student is new.)

Temple Kol Ami Family Religious School

PRE-K – 3rd grade

I will **B**e quiet and use my soft voice when in the sanctuary.

I will **E**xtend a helping hand to my classmates.

I will **A**gree to follow all the rules.

I will **T**ry not to break anything that isn't mine while I'm at school.

I will **K**ee my hands to myself.

I will **A**rrive at school on time and not leave until ending time.

I will **M**ind my manners.

I will **E**njoy myself at Temple Kol Ami Family Religious School.

I will **N**ot use bad language.

I will **S**tay in my classroom (unless I have permission to go somewhere else.)

I will **C**oncentrate on being considerate and caring.

I will **H**elp other children and teachers.

Temple Kol Ami Family Religious School will not tolerate any harassment or bullying. (Definition of harassment or bullying: Any word, look, sign or act that inflicts or threatens to inflict physical or emotional injury or discomfort upon another person's body, feelings or possessions.)

It's good to **BE A TKA MENSCH.**

Signature(s): _____



Temple Kol Ami Family Religious School Code of Conduct

Grades 4-12

I will promote the creation of a Religious School community based on mutual respect and a sense of personal well-being. I have read the following rules, designed to promote the health and safety of all students, and have indicated my unqualified acceptance and that of my parent/guardian.

1. I agree to follow all the rules, and additional rules which may be announced, and to accept the consequences of the violation.
2. I will NOT break any items that are not mine while attending Religious School.
3. I will respect the sanctuary and all Jewish ceremonial items.
4. I will NOT run through the sanctuary or show disrespect to any items on the bimah.
5. I will attend and participate in class. I will arrive on time, stay until the end and remain on school premises at all times.
6. I will NOT possess, consume or distribute alcoholic beverages, other than that served by the adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
7. I will NOT possess, use or distribute any illegal drug or drug paraphernalia.
8. I will NOT smoke, consume or distribute tobacco products during school hours or at any TKA sanctioned event or environment, or in any way that could expose others to second-hand smoke.
9. I will NOT bring or use any weapons or firearms, including any type of knife.
10. I will NOT commit any illegal act. I understand that vandalism, disturbing the peace or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that no gambling is allowed, except for fundraisers approved by the Religious School Director or the Senior Rabbi.
11. I agree to refrain from inappropriate sexual behavior and language.
12. I agree to abide by additional rules, pertinent to a specific event, which may be announced, and accept the consequences of the violation.
13. TKAFRS will not tolerate harassment or bullying of any kind – Any word, look, sign or act that inflicts or threatens to inflict physical or emotional injury or discomfort upon another person's body, feelings or possessions.

We have read the preceding rules with our children and fully understand them and will abide by them. We understand that sanctions imposed by the Religious School Director and/or Senior Rabbi for violation could include immediate expulsion from Religious School at the expense of the parent/guardian.

**Once signed and dated, this document is valid as long as the student is enrolled in the TKAFRS during this school year.

Student's Signature _____ Date _____

Printed Name _____

Parent's/Guardian's Signature _____ Date _____

Printed Name _____

COMPLETE ONE FORM FOR EACH STUDENT ENROLLED – MAKE COPIES AS NEEDED

PRE–K through seventh grade parents,

Opening the Doors is a community sponsored program assisting schools with accommodating all students who need extra help during religious school hours.

We have a dedicated teacher, who works at Temple Kol Ami on Sundays as our Opening the Doors Teacher.

We would like to ensure that every child's needs are met in the Temple Kol Ami Family Religious School. In order to accomplish this goal, we need to hear from you.

If you feel that your child would benefit from our Opening the Doors program, please answer the following questions.

Child's name _____

- 1. Does your child struggle in secular school?**
- 2. Does your child struggle in Hebrew?**
- 3. Does your child have an IEP or 504 Plan in secular school? Please explain.**
- 4. Would your child benefit from help at Temple Kol Ami Family Religious School?**

STUDENT HEALTH INFORMATION

Healthy children are more successful learners.

The health of a child directly impacts his or her ability to fully access educational opportunities that will allow them to reach their fullest capacity. Parents have the basic responsibility for the health of their children. We urge everyone to do their part to protect the health of our community.

What is our Immunization Policy?

All children who attend the *Temple Kol Ami Family Religious School* must be immunized. We recognize that individuals who have had a documented allergy or severe adverse reaction to a particular vaccine will not be able to receive further doses of that individual vaccine. If an individual or his/her family believes that a specific situation poses extenuating circumstances and furnishes a letter from the primary physician or MD/DO specialist substantiating this contention, we will review such situations on a case by case basis with our consulting physician. **Waivers for philosophical or religious beliefs will not be accepted.** Waivers for medical reasons will only be accepted after they are reviewed as stated above.

My child(ren) have been vaccinated: Yes _____ No _____

I would like to speak with the Director of Education regarding my child's immunizations: _____

Parent's Signature: _____ Date: _____

Temple Kol Ami Family Religious School
Authorization for Field Trip Transportation 2020-2021

Dear Parents:

As part of our learning experience this year, our students may be traveling by bus or with parent drivers during some of our field trip experiences. This one permission slip will remain on record for the 2018-2019 school year. You will receive advanced notice of the events before the date of each trip. Please return your signed form to the school office. Please complete one form for each child.

Thank you.

Child's Name

Grade

I hereby give permission for my child to ride the bus or to be transported by teacher or parent drivers for TKAFRS related events during the 2018-2019 school year. I agree to indemnify and hold harmless Temple Kol Ami, its employees, contractors, volunteers, parents and members from any harm which may come to my son/daughter while traveling during an event.

Parent/Guardian 1 Name

Phone Number

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Name

Phone Number

Parent/Guardian 2 Signature

Date

Temple Kol Ami Family Religious School
Authorization of Medical Transport and Treatment 2020-2021

Dear Parents:

Please return a signed copy of the following form for each child you have enrolled in TKAFRS.

Thank you.

Child's Name

Grade

In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by Temple Kol Ami or its agents to transport, secure treatment for and to order injection, anesthesia, surgery or to hospitalize my child.

Parent/Guardian 1 Name

Phone Number

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Name

Phone Number

Parent/Guardian 2 Signature

Date