

**Temple Sinai Hebrew School
75 Highland Avenue
Middletown, NY 10940
845-343-1861**

Lucy Fox, Lead Teacher

Marcus Rubenstein, Rabbi

STUDENT REGISTRATION FORM

1. Student Information:

Child's Name _____

Last

First

MI

Address _____

Street

City

State

Zip

Public School _____ Grade _____ Age _____

Birthdate _____ Hebrew Name _____

2. Parent Information:

Name: Mother _____ Cell# _____

Last

First

Father _____ Cell# _____

Last

First

Home Phone# _____

E-mail _____

**TEMPLE SINAI HEBREW SCHOOL
STUDENT HEALTH FORM**

Childs Name _____ Age _____

IN CASE OF INJURY OR ILLNESS, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT OR GUARDIAN. THE FOLLOWING INSTRUCTIONS WILL REMAIN IN FORCE UNLESS REVOKED BY THE PARENT OR GUARDIAN.

(PLEASE CIRCLE)

If injury or illness is minor give child first aid? YES or NO

Call ambulance if needed? YES or NO

Name of Physician _____ Phone# _____

Name of Dentist _____ Phone# _____

IF YOU CANNOT BE REACHED IN CASE OF EMERGENCY, GIVE THE NAME OF PERSON TO BE NOTIFIED:

Name _____ Relationship _____ Phone# _____

Name _____ Relationship _____ Phone# _____

Please list any medical conditions, allergies, etc.:

IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE THE STAFF OF TEMPLE SINAI TO OBTAIN EMERGENCY MEDICAL TREATMENT FOR MY CHILD. I UNDERSTAND THAT I WILL BE CONTACTED IMMEDIATELY.

DATE _____ PARENT SIGNATURE _____

If any medications are to be left in the Hebrew School office, please supply a doctor's note with instructions.

Temple Sinai Hebrew School Photo/Video Release Form

Dear Parent,

Temple Sinai Hebrew School would like to take or use previously taken photographs or video of children participating in all activities of Hebrew School. These photographs or video may appear in our newsletter, bulletin boards and Temple Sinai's website.

Before using any photograph or video of your child or children either alone or in a group activity, we need your permission. Please answer question below by circling Yes or No, then fill out the remaining information. Please return this form to the Hebrew School office.

* Temple Sinai Hebrew School may use your child's(ren) photographs or video within the school and its websites?

YES or NO

Please note that websites can be viewed throughout the world, not just in the United States where US laws apply.

If you elect not to have your child(ren) photograph or video on our website or newsletter or bulletin boards, then your child(ren) will be excluded from any or all pictures or videos for Hebrew School.

Date: _____

Child(ren) Names:

Parents Name:

Parents Signature:

Temple Sinai reserves the right to discontinue the use of photos or video without notice.