

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

Lucy Fox, Principal

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.