

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.:

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**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.