

Rabbi Joseph & Rosalie Gitin Religious School
2009/2010 – 5769/5770
-Mishpacha Sheli Enrollment Information-

1. CONTACT INFORMATION

<i>Name</i>	<i>Parent 1</i>	<i>Parent 2</i>
<i>Address</i>		
<i>City, State, Zip</i>		
<i>Home Phone</i>		
<i>Cell Phone</i>		
<i>Work Phone</i>		
<i>E-mail</i>		

2. STUDENT ENROLLMENT

Student's Name	Birthdate	Gender	Amount Due
		F M	
<i>Cost: \$118 Community; \$72 Temple Emanu-El Members. Make your check out to Temple Emanu-El.</i>			Check #

3. Tell Us Something You'd Like Us To Know About Your Child (e.g., a favorite pastime, a hobby, a dislike, etc.):

4. Allergies:

Parent:

Child:

5. EMERGENCY CONTACT INFORMATION

In the event of an emergency, please contact:

The emergency contact name must be different from the parents listed above.

Name:	Phone Number:
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6. PHOTO PERMISSION

By my signature below, I agree to allow the use of my image and/or that of the named minor(s), which may be captured through video, photo, digital camera or other media, for Temple Emanu-El materials and publications, including print and online (e.g., *Connections* newsletter and Temple website).

Name of Enrolled Child

Parent/Guardian Signature

7. CERTIFICATION OF ACCURACY

I certify that all information I have provided is accurate and up-to-date. Additionally, I acknowledge that it is my responsibility to inform the staff of Temple Emanu-El's Religious School if any of this information changes during the course of the school year.

Parent/Guardian Signature/Date

OFFICE USE ONLY: () RAKEFET () ADMIN () BOOKKEEPER () SCHOOL () POSTMARK DATE