



Student Information 2018 - 2019 / 5779
Complete One for Each Child
Please Print Clearly



New Student

Child's name _____ Grade as of 9/18 _____

 Please use this email address for ALL regular school email communications:

E-mail Address _____

Parent's Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

Parent's Name _____ Home Phone # _____

Work Phone # _____ Cell Phone # _____

PLEASE NOTE:

In the event of an emergency or last minute school cancellation please contact me:

Name: _____

by Email _____

by Cell _____

Part I - Learning

Does s/he have special learning needs, behavioral or attention issues? Yes No
Please specify, & indicate if s/he is on an IEP* or receiving any other supportive services in regular school program.

*Please attach a copy of the IEP or other relevant information to be held in a confidential file in the office of the Director of Congregational Learning.

Would like to be contacted by our Inclusion Specialist to discuss your child's learning needs

Other Contacts

Please list two local contacts to be used when the school is unable to reach you in the event of an emergency.

Local contact name _____ Phone _____

Local contact name _____ Phone _____

Physician's name _____ Phone _____

Part II - Medical

Does s/he have special medical needs or take any medication on a regular basis? Yes No
If yes, please explain.

Part III – Allergies

Does s/he have any allergies, including food allergies? Yes No

Peanuts Other _____

Part V - Emergency Medical Release Authorization

I give permission to Temple Chayai Shalom personnel to administer emergency medical attention, including calling an ambulance, for my child _____ in the event that I cannot be reached.

If you have a child who needs emergency medication, such as an Epipen, you must provide doctor’s orders on usage and proper dosage, and must make prior arrangements with the Director in the school office.

Epipen Other _____



X Parent’s Signature _____

Date _____



Part VI - Release and Indemnification Agreement

_____ (Student) intends to participate in certain activities being organized by the religious school of Temple Chayai Shalom, Easton, Massachusetts. The undersigned hereby release and discharge Temple Chayai Shalom, its officers, directors, agents, employees and affiliated entities from any and all causes of action, liabilities, damages and claims related to Student’s participation in said activities. The undersigned also hereby agree to indemnify and hold Temple Chayai Shalom, its officers, directors, agents, employees and affiliated entities harmless from and against any and all claims, damages, losses and expenses, including without limitation attorneys’ fees, related to Student’s participation in said activities.

Student’s Name: _____

X Parent’s Signature _____

Date _____



I DO NOT give TCS permission to print our phone number in its Hebrew School Directory.

I DO NOT give TCS permission to use a photo of our child for informational or publicity purposes in newspapers.

I DO NOT give TCS permission to use a photo of our child in
 SULAM blog video Facebook website

Please keep us informed of major changes in your child’s life (a birth or death in the family, relocation or significant job changes, etc.) so we can best serve your child’s educational and emotional needs.