

Temple Ner Tamid Religious School
Temple Tots Program
Registration Form
2009 - 2010

Please fill out a separate form for each child

Our Temple Tots program is held once a month on Sunday mornings from 11:15 a.m. to 12:45 p.m. and is offered to Pre-K children aged 4 to 5 years old. While it is not necessary to be a Temple member to enroll your child in this program, preference will be given to congregants. Tuition cost is \$180 per child.

Child's Name _____	Date of Birth _____
Address _____	Age (as of Sept. '09) _____ Yrs. _____ Mos.
_____	Home Phone _____
Parent1 _____	Parent2 _____
Cell Phone1 _____	Cell Phone2 _____
Email1 _____	Email2 _____

Is your child on medication or has any medical condition that we should be aware of including allergies?

Person to be contacted in the event of an emergency (after child's parents)

Name _____ Relationship _____ Phone _____

I understand that as long as my child is enrolled in Religious School at Temple Ner Tamid I agree to the following:

Temple Ner Tamid shall not be responsible in case of sickness or injury while my child is in attendance. In case of illness, I will pick up my child as soon as possible. I am responsible for informing Temple Ner Tamid of my child's medical conditions. The Temple Ner Tamid staff is not qualified, nor will they be permitted to administer medication of any type. Medications may not be left in the Religious School office. Teachers may not be able to ascertain how certain foods will affect my child and they may not be able to immediately recognize if my child is experiencing the onset of a medical problem. If these restrictions present a problem, it is my responsibility to set up an appointment with the Director of Education to discuss my particular situation. In an emergency, the Religious School has my permission to contact "911" and request the assistance of a rescue squad. The rescue squad has my permission to take my child to the nearest hospital. I understand that the Religious School will attempt to contact me, but in the event I cannot be reached, the hospital has my permission to call my child's doctor for any background information or medical assistance necessary. The hospital and its staff have my authorization to provide treatment necessary for the well-being of my child.

Parent's Signature _____ Date _____

_____ I'm enclosing a check in the amount of \$180 payable to Temple Ner Tamid



<u>Temple Tots Dates 09-10</u>	
September 13	January 24
October 18	February 21
November 15	March 21
December 13	April 11
	May 16

