

**TEMPLE SHA'AREY SHALOM RELIGIOUS SCHOOL**  
**NEW STUDENT REGISTRATION FORM**  
**5777-5778 2017-2018**

1. **Child's Full Name** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

Hebrew Name (If known) \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
(street)

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
(city) (state) (zip)

Name of Secular School \_\_\_\_\_ Grade \_\_\_\_\_  
(September 2017)

If **PARENT** can't be reached in an emergency, please call \_\_\_\_\_ at \_\_\_\_\_

2. **Family History**

**Parent/Guardian** \_\_\_\_\_ Religion \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ Religion \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Are there any special living arrangements that we should be aware of?** \_\_\_\_ No \_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

3. **Child's Previous Jewish Education**

How many years? \_\_\_\_\_ Number of days per week? \_\_\_\_\_

Reform \_\_\_\_\_ Conservative \_\_\_\_\_ Other \_\_\_\_\_ (Specify)

At which Temple? \_\_\_\_\_ City \_\_\_\_\_

Has child studied any Hebrew? \_\_\_\_\_ How Long? \_\_\_\_\_

4. **Extent of Jewish Observance at Home:** In what ways (which activities or rituals) do you incorporate Judaism into your home? (Please check *ALL* that apply)

Lighting Shabbat candles \_\_\_\_\_ Praying before bed or in the morning \_\_\_\_\_

Celebrating holidays \_\_\_\_\_ Subscribing to Jewish publications \_\_\_\_\_

Reading Jewish books \_\_\_\_\_ Hanging mezzuzot on doors \_\_\_\_\_

Keeping Kosher \_\_\_\_\_

Other (Please Describe) \_\_\_\_\_

5. **Siblings:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**6. Parent Information:**

Have you any background in education? \_\_\_\_\_ Have you ever taught? \_\_\_\_\_

Have you ever taught Religious School? \_\_\_\_\_ Would you like to? \_\_\_\_\_

**7. Would you be interested in participating in a parent parallel class to learn about your child's curriculum during Shabbat mornings?**

Yes \_\_\_\_\_ Maybe \_\_\_\_\_ Not right now \_\_\_\_\_

**8. How did you hear about our Religious School? (Check all that apply)**

\_\_\_\_ Temple member

\_\_\_\_ Internet

\_\_\_\_ Friend or neighbor (not a member)

\_\_\_\_ Phone book

\_\_\_\_ Newspaper ad

\_\_\_\_ Other- please explain \_\_\_\_\_

**10. We understand that Temple Sha'arey Shalom believes that children should be enrolled in religious school when they enter secular school kindergarten and would like them to continue until they are CONFIRMED in tenth grade. We realize that becoming a Bar or Bat Mitzvah is a privilege extended to those students who have achieved a certain level of proficiency in Hebrew and Torah and whose behavior and attendance for a minimum of FIVE FULL YEARS in our religious school have been satisfactory.**

Today's Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

In order to hold a spot in our school, please enclose a \$50.00 deposit (per child) made out to Temple Sha'arey Shalom.