Temple Israel Religious School
Student Registration, 5787 (2026/2027)

Complete this form for each child

Please complete or correct all sections of the form below.

Student's Last Name, First Name, Middle Name			***Gender/Pronouns***
Birth date	***Age***	***Nickname***	
Child's Primary Address		***Hebrew Name***	
City, State and Zip Code		***Parents' Hebrew Name***	
Child's E-mail Address (if acceptable to use) ☐ ***Can share with youth advisor(s)***		***Primary School Name***	***Grade (& RS Grade, if different)***
Child's Cell Phone (if acceptable to use) ☐ ***Can share with youth advisor(s)***		***Primary School District***	***Expected HS Graduation***

Permissions: *I give permission for Temple Israel to share our contact information with teachers and in the school roster, except as indicated below (specify which information MAY NOT be shared):*

Temple Israel may NOT use my child's likeness in:

☐ ***The Temple Tablet*** ☐ ***Dayton Jewish Observer***

☐ **Temple Israel's electronic media** ☐ **Local newspapers**

☐ **Other Temple materials used for publicity, media, or marketing.**

I understand I can reinstate this permission at any time.

Parent or Guardian 1 ☐ **Custodial Parent**	**Parent or Guardian 2** ☐ **Custodial Parent**
Full Name	***Full Name***
Home Address, if different from child's	***Home Address, if different from child's***
City, State and Zip, if different from child's	***City, State and Zip, if different from child's***
Home Phone	***Home Phone***
Business Phone	***Business Phone***
Cell Phone	***Cell Phone***
E-mail (used for ShulCloud login and all Temple communications)	***E-mail (used for ShulCloud login and all Temple communications)***
Any special interests or talents you might be able to share with our students?	***Any special interests or talents you might be able to share with our students?***
☐ **I am able to help/volunteer (circle): OCCASSIONALLY and/or FREQUENTLY** ☐ **I am willing to sub for (circle): PS K-2nd 3rd-4th 5th-6th Hebrew (circle)** ☐ **I am able to help/volunteer during the week** ☐ **I am/would like to be involved with the Religious School Committee** ☐ **I would like information on other ways to get more involved in Temple** ☐ **Other:**	☐ **I am able to help/volunteer (circle): OCCASSIONALLY and/or FREQUENTLY** ☐ **I am willing to sub for (circle): PS K-2nd 3rd-4th 5th-6th Hebrew (circle)** ☐ **I am able to help/volunteer during the week** ☐ **I am/would like to be involved with the Religious School Committee** ☐ **I would like information on other ways to get more involved in Temple** ☐ **Other:**

If parents are divorced or separated, check the correct boxes below for each parent, and mark custodial parent above. If custody/visitation arrangements will affect your child's participation (attendance, who can pick up, etc.) please provide the details in writing to the Education Director.

☐ **Parent/Guardian should receive school mailings** ☐ **Parent/Guardian is a member of Temple Israel** ☐ **Parent/Guardian should be billed for religious school tuition** ☐ **Other:**	☐ **Parent/Guardian should receive school mailings** ☐ **Parent/Guardian is a member of Temple Israel** ☐ **Parent/Guardian should be billed for religious school tuition** ☐ **Other:**
Signature of parent or guardian ***Date***	***Signature of parent or guardian*** ***Date***

Office Use Only	**RCVD:**		**XCL:**		**SC:**		**BLD:**		**COP:**	

Temple Israel Religious School
Emergency Preparedness, 5787 (2026/2027)

Complete this form for each child

Statement of Student Information and Individual Needs:

We seek to create a learning environment suitable for all individuals, recognizing that each person is created uniquely in God's Image. We utilize current educational methodology and pedagogy and know that we must continually adjust to the particular students in the room every year, and every session. To help us provide the best tailored learning environment for your child and their classmates, please tell us about anything which may affect your child's learning, behavior in class, or relationships with peers or teachers. The list below is not exhaustive. Please add a category or attach additional sheet. We use this form to your child's benefit, and make no judgements from it; in nearly every circumstance, it is better to know something about your child ahead of time than discover it midyear after it becomes an issue. We welcome your calls and questions. Please contact Rabbi Tina Sobo or your child's teacher if you need more information or have questions.

Conditions that affect your child's learning, behavior or relationships:

Tell us about medical, physical, or emotional conditions and/or significant recent events in the family (move, etc.) that may affect your child's experience in the program so that we can work with your child effectively. *If your child has an IEP, 504, or other documentation for accommodations in K-12 school, please share that documentation with us. We strive to mimic K-12 accommodations in religious school for consistency.*

Please indicate conditions below, if any, that apply to your child, describe below relevant details such as triggers, strategies that have helped in the past, etc. that will help us understand your child's needs.

☐ Asthma	☐ Uses Mobility Aid(s)	☐ ADHD (H, I, C)	☐ Learning Disability
☐ Allergy (excluding seasonal)	☐ Hearing Impairment	☐ Sensory	☐ Has an IEP, 504, etc.*
☐ Medication	☐ Visual Impairment	☐ Emotional Difficulties	☐ _____
☐ Developmental Delay	☐ Tourette's Syndrome	☐ Mental Health Diagnosis	☐ _____

Does your child require significant accommodations (such as a classroom aide) for the above conditions? YES ◯ NO ◯

Please share below any comments, expectations, and/or goals for your child this school year:

All information shared on this form is confidential – It will only be shared with the Educator and your child's teacher(s).

Signature of parent or guardian	*Date*	*Signature of parent or guardian*	*Date*

Temple Israel Religious School
Emergency Preparedness, 5787 (2026/2027)

Complete this form for each child

ACCIDENT, ILLNESS, and EMERGENCY INFORMATION:

We strive to have a safe, nurturing environment for all students. We also recognize that illness, injury, and other reasons to contact a student's parent/guardian during a session occur. Should an urgent concern or emergency arise, we will make every effort to contact a parent(s)/guardian(s) first. The following instructions will remain in force unless revoked by a parent or guardian.

I give permission for my child, _____, to participate in all activities held under the guidance of Temple Israel Religious School. In the event reasonable attempts to contact me fail, I extend to the Educator or designated agent, the power to act *in loco parentis*, in securing such emergency treatment as may be necessary to my child's life, health, and comfort. I further consent for the administration of any treatment deemed necessary by the physician indicated below. In the event that these designated practitioners are not available, I give consent to the attending licensed physician or emergency caregiver.

If my child needs to be transferred to a hospital, I prefer the hospital listed below. I consent, however, to have my child transferred to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

The best way to reach **PARENTS/GUARDIANS** during a religious school session is:

Order	Name	Type	Phone Number

ONLY IF PARENTS/GUARDIANS CANNOT BE REACHED AT THE NUMBERS ABOVE IN A TIMELY FASHION, Temple Staff may then attempt to reach the following EMERGENCY CONTACTS:

Emergency Contact 1: Name	*Relationship to Child*	*Phone Number*	*Temple can Release Child to Them?* ☐ Yes ☐ No
Emergency Contact 2	*Relationship to Child*	*Phone Number*	*Temple can Release Child to Them?* ☐ Yes ☐ No

Preferred Physician: Name and/or Practice:		*Phone Number*
Preferred Hospital – Check below if Dayton Children's ☐ Dayton Children's, 937-641-3000	*If Other: Name:*	*Phone Number*
Health Insurance Information: ☐ On Pg 2 in notes	*Insurance Company/Policy Number:*	

Temple will only release students to parents/guardians and Emergency Contacts above. If the student is to be released to another adult, this must be indicated in writing to the Educator. You may use the space below to give blanket permission that will remain in effect for the school year or any other additional information you feel we should have in the event of an emergency.

Signature of parent or guardian Date	*Date*	*Signature of parent or guardian Date*	*Date*

Temple Israel Religious School
Tuition Agreement, 5787 (2026/2027)

Complete this form for each FAMILY

Religious School Tuition **Subsidized Tuition for Members & Trial Year Participants**				
	Early Bird **Forms & Full Payment** in by August 1st	**Regular Registration** **Forms &1st Payment** in by Aug 16th	**Late Registration** **Forms &1st Payment** in after August 16th	**Book Fee** due at time of registration
Preschool & Pre-K (part-time)	$150	$180	$225	n/a
Kind.-Grade 2 (Judaics Only)	$435	$460	$510	Add $40
Grades 3-7 (Judaics & Hebrew)	$600	$650	$700	Add $40
Grade 8 (Judaics Only)	$435	$460	$510	Add $40
Confirmation Grade 9 & 10	$250	$300	$350	Add $500 Trip Fee due 1st Year of Confirmation
***Extended Hebrew (Gr 2, 8)	Add $310	Add $335	Add $360	n/a
***Individual Hebrew Tutoring	Add $150	Add $180	Add $225	n/a

Need-based scholarships are available.
Please contact our Executive Director or Educator to speak confidentially, or indicate below.

Child's Name Complete registration forms (pgs 1-3) for **each** child listed below	**26/27 Grade**	**Attending Hebrew**	**Total Tuition** Add Hebrew if applicable	**Book/Travel Fee** If applicable	**Total**
		Yes / No	$	$	$
		Yes / No	$	$	$
		Yes / No	$	$	$
		Yes / No	$	$	$

Special Billing Instructions or Questions:		
	Adjustments: Teacher, SEEDS, Non-Member, etc.	$
	Subtotal	$
	Amount Enclosed or to Charge Now	$
	Remaining Balance on Account	$

Choose a Payment Option

- ☐ Full Payment enclosed
  (early bird discount if paid by June 30)
- ☐ Half by 9/1/25, Half by 1/1/26
  (no early bird discount)
- ☐ 8 monthly payments Sept-April
  (must pay by credit card, no early bird)

Indicate Form of Payment

- ☐ Check Enclosed
- ☐ Bill Temple Account
- ☐ Credit Card: Visa, MasterCard, or Discover; add info to right

Name on Card:

Card Number:

Expiration Date:

OPTIONAL: I have included a *separate* check made payable to the Religious School Fund

☐ As prepayment for Kibbitz Cash ☐ As a donation to the school

Office use only: PST BLD	***Signature of parent or guardian***	***Date***