

**TEMPLE B'NAI ISRAEL
RELIGIOUS SCHOOL ENROLLMENT
AND**

FAMILY CONTACT INFORMATION FORM 20____ - 20____

Family Name: _____

FIRST DAY OF RELIGIOUS SCHOOL: SUNDAY, AUGUST _____, 20____

Enter requested information for each child enrolled at Temple B'Nai Israel Religious School.

First Name	Last Name	Birthday	Allergy and/or Health Issue

Mother's name: _____ **Father's name:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Home Phone Number: _____ **Home E-mail Address:** _____

Mother's Work Phone Number:	Father's Work Phone Number:
Mother's Work E-mail Address:	Father's Work E-mail Address
Mother's Cell Phone Number:	Father's Cell Phone Number:

Enter the name of person, other than a parent, to contact in an emergency.

Name:	Relation to Student:
Home Phone:	Cell Phone:

To insure accurate record keeping and maintain good communications, please inform the Temple Office, the Religious School Principal or the Rabbi immediately when there is a change of address, telephone numbers or email addresses. Thanks for your cooperation.

School tuition is \$200.00 per student in addition to current membership dues. (Financial assistance / arrangements are available on a case by case basis. Please consult with the Rabbi. Your arrangements will be confidential limited to the Rabbi, Treasurer and President.)

Parent Signature / Acknowledgement

Date