

TEMPLE JUDEA YOUTH EDUCATION PROGRAM REGISTRATION FORM 2009 – 2010

Please fill out all forms completely (double sided)
All forms must be returned to Temple Judea by August 1, 2009.

I would like to register my child to the following YEP programs:

Please check all that apply

___ **Parade of Holidays:** age 2 - 5. Meetings are twice a month parents and children together: \$36

___ **Kindergarten:** Sunday 9:30 – 12:00: Free. Registration fee: \$50

___ **1st and 2nd Grade:** Sunday 9:30 – 12:00: \$375

___ **3rd Grade to 6th Grade:** Sunday 9:30 – 12:00 and Wednesday 5:00 -6:30: \$475

___ **7th Grade:** Sunday 9:30 – 12:00: \$425

___ **6 , 7 and 8th Grade Girls:" It's A Girl Thing"** Monthly meetings on a Monday: \$75

___ **10th Grade:** Sunday Confirmation class: \$200

Student information: New student: _____ Returning student: _____

Name: _____ Hebrew name: _____

Address: _____

Date of Birth: _____ Age: ____ Sex: M/F School Attending: _____

Grade for 2009-2010 School year: _____

YEP shirt size: indicate if you will need a new shirt this year.

Child: small/medium/large/extra large. Adult: small/medium/large

Parent's Information:

Parent 1 Circle one: Mr. Mrs. Ms.

Full name _____

Home Address (if different) _____

Home phone: _____

Business phone: _____

Cell phone: _____

Most of our communication is through email

Please print clearly your email:

E-mail Address

Parent 2 Circle one: Mr. Mrs. Ms.

Full name _____

Home Address (If different) _____

Home phone: _____

Business phone: _____

Cell phone: _____

E-mail Address

Additional adults who have permission to pick up your child: _____

Other information:

Full name of 1st Emergency Contact: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Relationship to Student: _____

Full name of 2nd Emergency Contact: _____

Home Phone: _____ Business Phone: _____

Cellular Phone: _____ Relationship to Student: _____

Name of Primary Doctor: _____ Insurance: _____

Doctor's Telephone: _____ Preferred Hospital: _____

Permanent Release: If and when the need for medical attention arises during the period of my child official participation in YEP program, and I can not be contacted, I hereby grant permission for my child to be treated by qualified medical authorities at their discretion.

Health Concerns: (Check all that apply)

Asthma ADD ADHD LD OTHER

Allergies: _____

Please indicate any other health information:

Is your child taking any medication daily? For what condition _____

Additional information we should know and will assist us in teaching your child. All information is confidential and will be shared only with your child's teacher:

Parent's signature _____ Date _____

FEES ARE DUE IN FULL ALONG WITH ALL FORMS BY AUGUST 1, 2009.

Temple Judea Board of Directors maintains the bylaws stating that only children of Dues Paying Members, "In Good Standing" may be enrolled in Youth Education Program.

It is the policy and philosophy of Temple Judea that no child is turned away as a result of financial complications. Arrangements can be made for families on an individual basis. There is formal process that must be followed in order to obtain consideration. Please call Ellen Lint for more information.

Office use: Entered _____ PD _____ YEP use: Entered to registration _____

