



TEMPLE JUDEA
Palm Beach Gardens, FL

Dear Youth Education Families (“YEP”)!

Kindly complete the enclosed registration forms ASAP and return to the temple office at:

4311 Hood Road, Palm Beach Gardens, FL 33410

Parent Information:

Parent 1 Circle one: Mr. Mrs. Ms. Dr.

Parent 2 Circle one: Mr. Mrs. Ms. Dr.

Full name _____

Full name _____

Home Address _____

Home Address (If different)

Home phone: _____

Home phone: _____

Cell phone: _____

Cell phone: _____

Email:

Email:

Child lives with:

___ Both parents ___ Mother ___ Father ___ Other _____

EMERGENCY CONTACT INFORMATION

Full name of 1st Emergency Contact: _____

Relationship to student: _____

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Full name of 2nd Emergency Contact: _____

Relationship to student: _____

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Name of Primary Doctor: _____

Doctor's Telephone: _____ Preferred Hospital: _____

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

Name: _____

Signature: _____ Date: _____

YOUTH EDUCATION PROGRAM

Student information: New/returning student Sex: M/F Date of Birth: _____

*Each student requires an individual registration form.

Name: _____ Hebrew name: _____

School attending: _____ Grade for 2019-20 school year: _____ Age: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION:

*This information will remain confidential.

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS TO THIS FORM.

Health Concerns: (Check all that apply)

Asthma ADD ADHD LD OTHER

Allergies: _____

Does your child have an Epipen? _____

Please list all prescription and over-the-counter medications your child takes regularly:

Describe any other important health-related information about your child that has required medical attention:

Check the O.T.C. medications (provided by the school) you permit be given to your child if needed. Dose will not exceed label directions.

NONE

All First Aid Supplies

Advil/Ibuprofen

Tylenol/Acetaminophen

Benadryl/Diphenhydramine HCL

Pepto-Bismol

Tums

We are looking forward to a great school year, promoting learning, friendship, and personal growth. We view parents as our partners in maximizing student success. Please help us better understand and meet your child's individualized learning and social-emotional needs by completing this form.

Has there been a serious illness, death, divorce, or traumatic experience in the family which may have had an impact on your child? If yes, please explain.

Does your child have a 504 Plan or an Individualized Education Program (IEP)? Yes No

Please list Special Education services received, accommodations or modifications. (if applicable) Does your child receive any private related services (e.g. speech/ language/ occupational therapy, counseling)?

What does your child do especially well?

What difficulties does your child display?

If you have any questions or concerns, please describe them. Is there anything you'd like us to know about your child?

Thank you for all your help. We look forward to a wonderful year!

Warmly,

Susan Lord, YEP Administrator

**YOUTH EDUCATION PROGRAM
REGISTRATION FORM 2019-2020**

Please return this registration form to the temple office as soon as possible.

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

Program /Age	Days of the week	Fee	# of Students	TOTAL
Kindergarten	Sundays 9:00-12:00pm	\$180 Materials fee		
1st- 6th graders	Sundays 9:00-12:00pm	\$550*		
5th and 6th graders	B'nei Mitzvah Preparation (Wednesday Hebrew intensive, 4:30-6:00PM)	Included in B'nei Mitzvah Package		
Security Guard Fee \$100 per year per student (K-6th grade)		\$100		
One time \$30 teacher gift per student (K-6th grade)		\$30		
TOTAL				

* Each student requires an individual registration form.

*If not paid in full, a credit card or payment plan must be arranged with registration.

___ Enclosed is my check for the full amount of \$_____ payable to Temple Judea.

___ Please bill my credit card: 1 payment of _____; monthly of _____; quarterly of _____.

___ AMEX ___ VISA ___ MASTERCARD Card#: _____

Exp. Date _____ CVC Code: _____ Name on Card: _____

2019-2020
Youth Education Program of Temple Judea
BLANKET PERMISSION FORM
PLEASE FILL OUT FOR EACH CHILD



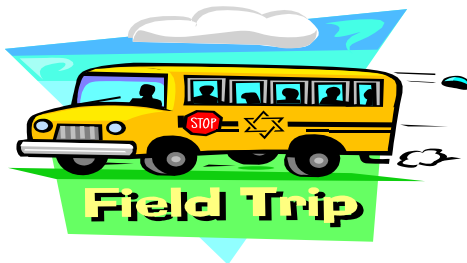
I hereby grant permission for Temple Judea to utilize artwork, photographs, or any other visual representation of my son/daughter in connection with any Temple Judea brochure, promotion, video, advertising or other media.

Child's name: _____

Parent's signature: _____

Date: _____

PERMISSION TO ATTEND YEP FIELD TRIPS



General - Parental Consent and Release

I give my son/daughter permission to take part in YEP field trips. I release Temple Judea and its staff of any and all liabilities arising from any trip. In addition, I hereby give permission to the group's advisor and or chaperone to secure proper medical treatment in case of an emergency for the child named below in the event I cannot be reached.

Child's name: _____

Parent's signature: _____

Date: _____