



# **REGISTRATION PACKET**

## **2022-23**

**Kindly complete the enclosed registration forms ASAP and return to the temple office at:  
4311 Hood Road, Palm Beach Gardens, FL 33410**

**Please contact, Morli Josza, Executive Director, at [morli@gotj.org](mailto:morli@gotj.org) or 561-624-4633 with any questions.**

**Parent Information:**

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

Full name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email:

\_\_\_\_\_

Child lives with:

\_\_\_ Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other \_\_\_\_\_

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

Full name \_\_\_\_\_

Home Address (If different)

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email:

\_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

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**Full name of 1<sup>st</sup> Emergency Contact:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**Full name of 2<sup>nd</sup> Emergency Contact:** \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Name of Primary Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_ 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Each student requires an individual registration form.

Name: \_\_\_\_\_ Hebrew name: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade for 2022-23 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:

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

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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.

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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)?

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What does your child do especially well?

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What difficulties does your child display?

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

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

Warmly,

Rabbi Feivel Strauss, YEP Administrator

**YOUTH EDUCATION PROGRAM  
REGISTRATION FORM 2022-23**

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:**

<b>Program /Age</b>	<b>Days of the week</b>	<b>Fee</b>	<b># of Students</b>	<b>TOTAL</b>
<b>Kindergarten - 4<sup>th</sup> grade</b>	<b>Sundays 9:30-12:00pm</b>	<b>\$600</b>		
<b>5<sup>th</sup> and 6<sup>th</sup> graders</b>	<b>One on One Hebrew Lessons by Zoom T/W/Th 4:30-6:00PM Sundays 9:30 - 12:00pm</b>	<b>\$800</b>		
<b>Security Guard Fee \$100 per year per student (K-6<sup>th</sup> grade)</b>		<b>\$100</b>		
<b>One time \$36 teacher gift per student (K-6<sup>th</sup> grade)</b>		<b>\$36</b>		
<b>TOTAL</b>				

\* 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: \_\_\_\_\_

2022-23  
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 child in connection with any Temple Judea brochure, promotion, video, advertisement or other media.

Child's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERMISSION TO ATTEND YEP FIELD TRIPS**



General - Parental Consent and Release

I give my child 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: \_\_\_\_\_