



Temple Isaiah Pre-K Holiday Class 2010-2011 Registration Form – Page 1



To register your child for Temple Isaiah's Pre-K Holiday Class, please complete **BOTH SIDES** of this form in full and return it along with your tuition: **Temple Isaiah Education Department, 3800 Mt. Diablo Blvd., Lafayette, CA 94549**. Please make checks payable to: **Temple Isaiah Education Department**. For more information, please call the Education Office at (925) 284-9191.

Student Information

Name: _____ Hebrew Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Male Female Birth date: _____

Weekday Pre-School: _____

Parent Information

Parent I

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Email Address: _____

Student lives with: Both Parents Parent I Parent II

Parent II (Please include any info. that differs from Parent I)

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone/Pager: _____

Email Address: _____

Send mail to: Both Parents Parent I Parent II

Enrollment & Tuition

To enroll in our Pre-K program, please pay the full amount due, \$100.00 or \$125.00, with this registration form. Please make checks payable to "Temple Isaiah Education Department." To pay by credit card, contact the Education Office at 925-284-9191.

Sibling Information Please print the full names and grades of siblings enrolled in the Religious School.

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Medical Information

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Medical Insurance Carrier: _____ Policy #: _____

Please read and complete the **Temple Isaiah Student Health and Individual Needs Form**. Briefly indicate here any emergency health information: _____

➔ ➔ ➔ **You Must Complete Both Sides** ➔ ➔ ➔



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Emergency Contacts Please include two alternate contacts in case parents are unavailable.

Name: _____

Relationship: _____

Home Phone: (_____) _____

Pager/Cell Phone: (_____) _____

Name: _____

Relationship: _____

Home Phone: (_____) _____

Pager/Cell Phone: (_____) _____

Permission Please initial on the line next to each statement

_____ In the event of an emergency in which I/we or the alternate contacts cannot be reached, I authorize Temple Isaiah to use this emergency information for all Religious School events involving my child.

_____ I authorize Temple Isaiah to include my name, address & telephone number on my child's class roster.

_____ I also hereby release Temple Isaiah, their affiliates and employees of all responsibilities for any injuries that may occur to my child during the course of school and field trip activities. In addition, I have instructed my child to abide by all the rules of good conduct during these activities, and I understand that failure to follow safety rules will result in my child being sent home and possibly excluded from some activities.

Medical Release

I/We, the undersigned, parent(s) of _____, a minor, do hereby authorize Temple Isaiah as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the general or specific supervision of a surgeon licensed under the provisions of the Medicine Practice Act. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until June 30, 2011.

Parent Signature: _____ Date: _____