



**Jewish Learning Program of Temple B'nai Abraham
2020-2021 Non-Member K,1,2 Registration Form**



**This form may be completed on a computer
or may be printed or hand written.**

Student Information

Last: _____ First: _____ Hebrew: _____ Zip: _____
Address: _____ City: _____

Date of Birth: _____ Age as of 9/20: _____ Gender (Select): _____
Public/Private School (entering September 2020-Please select): _____
If other, please list name of school here: _____

ALL INFORMATION IS KEPT CONFIDENTIAL

ALLERGIES/MEDICAL NEEDS: Please describe any medical circumstances your child may have:

Does your child take medication?: _____ If yes, please list: _____

Please explain any special circumstances we should be aware of with your child or family (e.g. birth, death, separation, restraining order, etc..)

SPECIAL LEARNING NEEDS (IF APPLICABLE):

Has your child been evaluated and classified as ADD, ADHD, OCD, ODD, or any other special learning circumstances?

Will you be willing to share any educational reports, IEP or 504 that might assist us in best attending to your child's individual needs? If yes, please attach to this form when returning it to the JLP.

Please tell us anything else about your child's social, emotional or academic needs, which will assist us in creating the best learning environment:

Parent Information

Parent A Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Marital Status (Select): _____

Parent B Name: _____ Home Phone: _____
Cell Phone: _____ Work Phone: _____
Marital Status (Select): _____

Emails should be sent to (Select): _____

Emergency Information

- I hereby give my consent to the Director of the Jewish Learning Program, or person designated as such, to make available to my child professional emergency medical care if such care is indicated. It is understood that a conscientious effort will be made to notify either parent before such action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. However, in the event this is not possible, I give my permission for my child to receive proper medical

care by any doctor, nurse, ambulance personnel, paramedic, or member of the medical staff of a hospital licensed by the State of New Jersey. This is to certify that my child is in good physical health. He/she has my permission to participate in all activities (including field trips) that are part of the regular Hebrew School program.

Preferred Hospital: _____ Name and phone of pediatrician: _____

I authorize the following people to pick my child up from the JLP:

1) Name and phone of emergency contact :
(Home and Cell):

2) Name and phone of emergency contact:
(Home and Cell):

Siblings in TBA:

Name and Grade:

Name and Grade:

Scheduling

PLEASE SELECT YOUR PREFERRED DAY/TIME:

Permissions

I give permission to Temple B'nai Abraham to use my child's picture in the TBA Bulletin, Website, local newspaper and in general TBA publicity.

Backpack

Yes, Please provide my child with a backpack for the JLP.

No, Please do not provide my child with a backpack for the JLP.

Parent Signature: _____ **Date:** _____

Payment Details

Please print and mail with payment to:
TBA-JLP, PO Box 46, Livingston, NJ 07039

Non-Member Tuition is :

Kindergarten (\$95)**

First and Second Grade (\$295)**

****Plus one security per family based on eldest child:**

\$50 for Kindergarten or

\$75 for First and Second Grade

Payment by Check Check Number: _____ Date Received: _____

Payment by Credit Card Visa/Mastercard #: _____ exp: _____

Cardholder's Name: _____

I authorize Temple B'nai Abraham to use the above Credit card information for my payment:

SIGNATURE: _____ DATE: _____