

TEMPLE AVODAH
RELIGIOUS SCHOOL ENROLLMENT FORM 2017-18
3050 Oceanside Road
Oceanside, New York 11572

ENROLLMENT FORM

Child's name: _____ Grade: _____

Address: _____

Home phone: _____

Hebrew name: _____ Date of birth _____

Parent/Guardian: _____

Parent/Guardian: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

e-mail: _____

e-mail: _____

*Any additional information (special needs, allergies etc.) that we should be aware of: _____

Previous Jewish education **IF** not at Temple Avodah: _____

*I give permission for my child's picture to be taken and included on the Temple Avodah Website or bulletin.
All images are used without names unless special permission is granted.

Signature _____

*If my child _____ should require medical attention due to an accident or illness during school hours and I/we cannot be reached, I/we hereby give permission to call 911 and have emergency treatment administered by school or emergency medical personnel or as directed by 911.

Signature(s) _____