



Rabbi Steven Heneson Moskowitz
 Talya Smilowitz, Cantorial Soloist
 Kim Bertash, Education Director/Office Manager
 Lisa Weiner, President

RELIGIOUS SCHOOL SCHEDULE 2016-2017

K-2nd Grade:		Meets throughout the year
3rd Grade:	Monday	4:00 - 6:00pm
4th Grade:	Thursday	4:00 - 6:00pm
5th Grade:	Tuesday	4:00 - 6:00pm
6th Grade:	Monday	4:00 - 6:00pm
	OR	Monday 6:15 - 8:15pm
7th Grade:	Thursday	6:15 - 8:15pm
8th - 10th Grade Confirmation: Meets throughout the year		

CLASSROOM PLACEMENT REQUEST:

- Please list each of your children's names, their grades, and three names of the classmates they would like to be placed with for the 2016-2017 Religious School year.

We can't guarantee that your child will be placed in a class with all of his/her friends, but will accommodate at least one requested friend to ensure that your child will be comfortable, happy and able to reach his/her learning potential.

As soon as your child's completed Religious School Registration form and placement requests are returned to the Temple office, every effort will be made to honor your child's first request. Thank you.

CHILD'S NAME	GRADE, CLASS, TIME	CLASSMATES REQUESTED:

YES Please contact me about volunteering for the Religious School



Rabbi Steven Heneson Moskowitz
Talya Smilowitz, Cantorial Soloist
Kim Bertash, Education Director/Office Manager
Lisa Weiner, President

RELIGIOUS SCHOOL REGISTRATION FORM 2016-2017

CHILD 1 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: _____ M _____ F

Address: _____

Birth Date: ___/___/___ Hebrew Name: _____

School District: _____ Child's Grade (as of Sept. 2016) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medications: _____

Interests: _____

*BarBat Mitzvah Date (if assigned) ___/___/___

Special concerns _____ *Only applies if your child is in 5th grade or older*

CHILD 2 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: _____ M _____ F

Address: _____

Birth Date: ___/___/___ Hebrew Name: _____

School District: _____ Child's Grade (as of Sept. 2016) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____



Rabbi Steven Heneson Moskowitz
Talya Smilowitz, Cantorial Soloist
Kim Bertash, Education Director/Office Manager
Lisa Weiner, President

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

***BarBat Mitzvah Date (if assigned)** ___/___/___

Special concerns _____ *Only applies if your child is in 5th grade or older*

CHILD 3 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: ___M ___F

Address: _____

Birth Date: ___/___/___ Hebrew Name: _____

School District: _____ **Child's Grade (as of Sept. 2016)** _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____ Medications-

: _____

Interests: _____

***BarBat Mitzvah Date (if assigned)** ___/___/___

Special concerns _____ *Only applies if your child is in 5th grade or older*



Rabbi Steven Heneson Moskowitz
Talya Smilowitz, Cantorial Soloist
Kim Bertash, Education Director/Office Manager
Lisa Weiner, President

CHILD 4 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: ___M ___F

Address: _____

Birth Date: ___/___/___ Hebrew Name: _____

School District: _____ Child's Grade (as of Sept. 2016) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

*BarBat Mitzvah Date (if assigned) ___/___/___

Special concerns _____ *Only applies if your child is in 5th grade or older*