

Peninsula Temple Beth El Education Programs
STUDENT ENROLLMENT AND EMERGENCY FORM
2009-2010 / 5770

Required!
Attach a photo
of your child
here!

Peninsula Temple Beth El • 650-341-7701 • www.ptbe.org
• 1700 Alameda de las Pulgas • San Mateo, CA 94403 •

(Please Print Clearly)

Student Information

Name _____	Date of Birth _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student Email _____	Student Personal Phone _____		
Secular School _____	Grade in School _____		
Grade at temple _____	Please list two classmate preferences: 1. _____ 2. _____		

Parent/Guardian Information

If parents live in separate households, student lives with:

Both Parents Parent I only Parent II only

If parents live in separate households, send mail to:

Both Parents Parent I only Parent II only

Parent/Guardian I

Name _____
Address _____
City/State/Zip _____
Day/Work Phone _____
Evening Phone _____
Cell phone _____
Parent Email _____

Parent/Guardian II

Name _____
Address _____
City/State/Zip _____
Day/Work Phone _____
Evening Phone _____
Cell phone _____
Parent Email _____

Sibling(s) name(s)/grade(s) _____

Emergency Contacts (one of the following people will be notified if no parent/guardian can be reached)

Name _____
Relationship _____ Phone _____

Name _____
Relationship _____ Phone _____

Medical and Dental Information

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Insurance Company _____	Policy #: _____

I do NOT want my child's name and/or picture included in temple brochures, newsletters, website, and other promotional material.

↩ Additional Information & Signatures Required on Reverse Side ↪

– For office use only –
Date stamp
 Processed

Student Name: _____ Grade: _____

Medical and Dental Information, continued

Please indicate any and all specific medical and/or psychiatric conditions including asthma, allergies, depression, or dietary restrictions. All information is kept strictly confidential and will be given only to appropriate PTBE staff, the child’s teacher, and emergency personnel (if appropriate/necessary).

Is your child taking medication (including for emotional or psychological reasons)? Yes No

Medication name and dosage: _____

For what condition is medication being taken? _____

Does your child have or has s/he ever had any of the following?

An anaphylactic reaction Yes No

Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes Yes No

Hyperactivity or Attention Deficit Yes No

Special dietary needs Yes No

Any significant life changes or disruptions about which we should be aware Yes No

If you answered “yes” to any of the above questions, please describe:

The Educators and Office Staff have my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child. Yes No

Additional Information

We are committed to providing all students with the tools they need to succeed at the temple, both academically and socially. To assist us, please provide us with the following information (*additional pages may be attached*):

What is the most important thing that we should know about your child? _____

What motivates your child? _____

Can we make any special accommodations for your child to give him/her the most positive learning experience? _____

Does your child have any special needs that you would like to share with our staff? If so, please describe:

Volunteer Opportunities—Please check off all appropriate boxes below

We need your help! Parent participation is vital to the family life of our congregational community. Each family is assigned one Sunday per year to assist with traffic and security duties. We rely on families to volunteer time in other aspects of our program as well. Thank you for your contribution.

YES, I’ll be a Room Parent for the grade of child listed on THIS form. Room Parents help implement snack schedule (Grades Pre-K – 3), assist teacher with field trips and special activities, help arrange staffing for events, etc.

Each grade needs at least two Room Parents.

YES, I’d like to help out the Religious School Committee. (Please specify if there is something specific you are interested in, i.e. Purim carnival, teacher appreciation, *tzedakah*, new member welcome, etc. _____)

Other: _____

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

- In the event of any emergency affecting the health or welfare of our child during which I/we cannot be immediately contacted, I/we authorize personnel of Peninsula Temple Beth El to seek emergency medical care, and I/we agree to assume responsibility for the cost of this care.
- I/We agree to uphold matters of school policy pertaining to my/our child and notify the school office in writing of any changes in the information listed on this form.
- I/We understand that at least the first installment needs to be paid in prior to the first class unless special arrangements have been made. (For any financial arrangements please contact our Executive Director, Blair Brown, at 341-7701).

Signature of Parent/Guardian (REQUIRED): _____ Date: _____