

**TEMPLE EMEK SHALOM
SHUL SCHOOL REGISTRATION FORM 2017-2018, 5778**

Child's Name(s)

Date of Birth

Grade

Caregiver #1 _____

Home Phone _____ Cell Phone _____

Address _____

Email _____

Caregiver#2 _____

Home Phone _____ Cell Phone _____

Address (if different) _____

Email _____

Emergency Contact

Name _____

Relationship _____ Cell Phone _____

Allergies, medical conditions, or medications?

Additional information (learning style or needs, particular interests, etc.)? (Feel free to write on back)
