



Temple Ner Tamid
Religious Education

RELIGIOUS SCHOOL PREK-GRADE 7

CONFIRMATION GRADE 8 - 10

368 LOWELL STREET ● PEABODY, MA 01960 ● 978-532-1293

REGISTRATION FORM 2010-2011

Student's English Name: _____

Student's Hebrew Name: _____

Has the student attended Temple Ner Tamid Religious School before? Yes No

Home address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Sex: M F Birth Date: _____

Secular Grade as of Fall 2008: _____ Name of Secular School: _____

Siblings attending TNTRS: _____

Parent / Guardian (1st to contact):

Parent / Guardian (2nd to contact):

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

E-Mail: _____

E-Mail: _____

Relation to Student: _____

Relation to Student: _____

IN CASE OF EMERGENCY, PLEASE CALL IN THE FOLLOWING ORDER:

1st to Contact: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named contact? Yes No

Do you give permission for the above names contact to make medical decisions regarding your child? Yes No

2nd to Contact: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Do you give permission for your child to be released to the above named contact? Yes No

Do you give permission for the above names contact to make medical decisions regarding your child? Yes No

I understand that the Temple Ner Tamid Religious School (TNTRS) will do their best to contact me or any of my emergency contacts should a medical emergency occur. However, should circumstances prevent them from doing so, by signing below, I authorize TNTRS staff to render and/or obtain medical care as they and responding emergency technicians and physicians deem appropriate and necessary. I further agree and hold harmless the TNTRS, its employees, personnel and agents from all liability in connection with or related to my child's attendance at TNTRS and participation in TNTRS activities. I understand that the TNTRS expects my child to be covered by medical insurance.

Parent / Guardian Signature: _____ Print Name: _____ Date: _____