

TEMPLE BETH SHALOM
YOUTH PROGRAMS REGISTRATION
BSTY

Bitty Grades K, 1, 2 ✨ Mini Grades 3, 4, 5 ✨ Jr. Grades 6, 7, 8

Student's			
Full Name _____		Grade _____	Date of Birth _____
Last	First	MI	
Address _____			
Street	City	Zip	
Family Name (if different) _____			
Parent/Guardian _____		Home # _____	Cell # _____
Parent/Guardian _____		Home # _____	Cell # _____
Family Primary Email _____		Additional Email: _____	
		(Optional)	

MEDICAL INFORMATION AND RELEASE: (KEPT ON FILE FOR THE ENTIRE YEAR)

The undersigned parent(s) or legal guardians of _____, hereby consent(s) to my child's participation in Temple Beth Shalom Youth Activity Program. I/we hereby authorize Temple Beth Shalom and its employees and agents to act as my /our agent to consent to or arrange for any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child during any program activity.

Signed: _____ Date: _____

ADDITIONAL INFORMATION:

Please describe any special information we should know about your child:(allergies, medications, dietary concerns, special interests, behavior concerns)

EMERGENCY INFORMATION - If we are unable to reach a parent or guardian we may contact:

Medical Insurance Carrier: _____ Policy & Group # _____

Insurance Carrier Phone Number _____ Insured Person's Name _____

Name _____ Home # _____ Cell # _____

Name _____ Home # _____ Cell # _____

Please complete both sides of this form!

DURABLE PERMISSION FORM:

I/we, _____ give my/our permission for my/our child(ren), _____ to attend field trips sponsored by Temple Beth Shalom Youth Programs during the 2010-2011 school year. I/we understand that information pertaining to each specific field trip will be given at least 24 hours in advance of the trip, and that all children will be transported either by school bus, van, or private car with seatbelts. I further understand that I may revoke this permission at any time, permanently or for a specific field trip, if I notify the Head in writing to this effect.

Parent(s) or Guardian: _____ Date _____

PHOTOGRAPHY RELEASE:

I give permission for my child to be photographed during the Temple Beth Shalom Youth Programs and for the pictures to be used by the temple. Yes _____ No _____

ADULT ASSISTANCE:

Parents and guardians of youth involved in the Temple Beth Shalom Youth Program are not only encouraged, but are NEEDED to help with the youth programs during the course of the year. Chaperones will be solicited by event registration forms as needed. We cannot have these social activities without your support.

Beth Shalom Temple Youth 2010 – 2011

Dues Structure

Payment *must* accompany this application to register to be a member of our Youth Program.

Bitty – Grades Kindergarten, One, and Two (K,1,2)	\$10.00
Mini – Grades Three, Four, Five (3,4,5)	\$10.00
Jr. – Grades Six, Seven, Eight (6,7,8)	\$15.00

Please make your check payable to Temple Beth Shalom and return it with the completed form. Kindly mark that it is for the Youth Group and your child(ren)'s name.

✧1461 Baltimore-Annapolis Blvd ✧ Arnold, MD 21012
✧410-757-0552 ✧ Annapolistemple.org ✧ templebethshalom@comcast.net
Contact Karen Brachman for details