

**AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT
2009 – 2010 SCHOOL YEAR**

Explanation:

It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice call for such authorization. In emergency situations where for some reason the parent(s) of the child(ren) cannot be contacted immediately, this form may be extremely important. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made to first contact the parent(s). We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child where medical attention is needed, and this would assure us that no time would be lost in giving immediate treatment.

Authorization:

In the event that my child(ren) require medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and/or doctors and/or hospital to which he/she (or they) may be brought, to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary, while he/she (or they) is/are under the Irving T. Wolfson Religious School jurisdiction.

Signed _____ Date _____

Relationship to child(ren) _____

Name of child(ren) _____

Address _____
Street City State Zip

Does family have medical insurance? Yes ___ No ___

Name of company _____

Address _____

Policy number _____

Other insurance, such as medical or accident insurance – please list:

Name of insurance company _____

Address _____

Policy number _____

STUDENT EMERGENCY PROCEDURE FORM 2009 – 2010
Please complete one student emergency form per child

Student _____ Boy ___ Girl ___ Date of birth _____
Last First

Address _____ Home Phone (973) _____

Father's name _____ Cell phone () _____

Place of employment _____ Work phone () _____

Mother's name _____ Cell phone () _____

Place of employment _____ Work phone () _____

EMERGENCY PROCEDURES

Persons to be called if parents cannot be reached

Name _____ Relationship _____

Work Phone () _____ Cell phone () _____

Name _____ Relationship _____

Work Phone () _____ Cell phone () _____

Doctor's name _____ Phone number (973) _____

Address _____

***You must have 2 emergency contacts in order for your child(ren) to attend religious school.
If the above persons are not available, you may call our family physician.
You have my permission to transport my child to a hospital in case of an emergency.***

Signature of parent _____ Date _____

ALLERGY AND MEDICATION INFORMATION

Please check and list all allergies

Bees ___ Wasps ___ Plants (specify) _____ Foods (specify) _____

Other (specify) _____

Treatment for allergies _____

CONTACTS FOR SCHOOL CLOSINGS FORM 2009 – 2010

Student _____ Boy ____ Girl ____
Last First

Student _____ Boy ____ Girl ____
Last First

Student _____ Boy ____ Girl ____
Last First

SUNDAY CONTACTS

Persons to be called if parents cannot be reached

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Beeper # (____) _____

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Beeper # (____) _____

TUESDAY CONTACTS

Persons to be called if parents cannot be reached

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Beeper # (____) _____

Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Beeper # (____) _____

Signature of parent _____ Date _____

2009/2010 WAIVER PHOTO RELEASE

Child's Name(s) _____

Address _____

Phone Number _____

Grade (s) _____

White Meadow Temple has a Web site that will include photos of personnel and students. It is specifically understood that such contemplated photos will have no addresses or identifications of any sort on such photos.

[] I allow the use of photos in the pertinent Web site, brochures, newsletter and promotional materials.

[] I do NOT allow the use of photos in the pertinent Web site, brochures, newsletter and promotional materials.

Parent's

Signature _____ Date _____

Print Name _____

Responsible Party's Name _____

PARENT VOLUNTEER FORM

Parents,

Help is often needed running the many programs we have in religious school. Please check any of the areas in which you might be able to help us.

Name: _____

___ Class parent

___ Library

___ Arts and crafts

___ Music/singing

___ Dance

___ Holiday programs

___ Video/recording/photography

___ Computer work

___ Family workshops

Other interests, talents, specialties you would like to share:

Substitute teachers are often needed in both Hebrew and Judaica classes. Hebrew reading is NOT required for teaching Judaica.

Would you or your spouse be able to substitute or tutor in our religious school? Yes ___ No ___

Sunday (8:45-12:00) _____

Tuesday (4:00 – 6:15) _____

Parent's name _____

Home phone (973) _____

Work phone _____

Name(s) of adult(s) in your home that can read Hebrew _____

Children in school:

Name _____ Grade as of Sept. 2009 _____

Name _____ Grade as of Sept. 2009 _____

Name _____ Grade as of Sept. 2009 _____

RELIGIOUS SCHOOL FEE SCHEDULE 2009 – 2010

Members		If full payment is received by 9/1/09	Payment received after 9/1/09
Aleph – Hey class	1 st child	\$850	\$900
(3 rd -7 th Grade)	2 nd child	\$775	\$825
Gan/Pre-Aleph	1 st child	\$500	\$550
(K-2 nd Grade)	2 nd child	\$450	\$500
Non-Members			
Gan/Pre-Aleph		\$1,590	\$1,640

Includes membership and High Holiday tickets
 Only available until first child enters aleph class