

For office use
only:

Grade _____

JACATT – Jewish AfterCare at Temple Torah

Temple Torah of West Boynton Beach
8600 Jog Road
Boynton Beach, Florida 33472
561-369-1112 ext. 110

2011-2012 Registration Form

Student's Name _____ Date of Birth _____ (circle one) M F

Student's Hebrew Name _____

Address _____ City _____ Zip _____

E-mail _____ Home Phone _____

Mother's Name _____ Mother's Cell _____

Father's Name _____ Father's Cell _____

Mother's Hebrew Name _____ Father's Hebrew Name _____

Marital Status Married Divorced Separated Single

Child lives with: Both Parents Mother Father Other

Prior Religious School or Day School Attended _____

Name of public school attending _____ Grade as of 8/11 _____

Synagogue Affiliation _____

✧ **Special Medical Alerts** _____

✧ **Special Needs:** In order to best serve your child's learning needs please provide all relevant information:

Does your child receive special services at the public/private school and/or has your child been evaluated? Please circle one: Y/N If yes, please provide details (this information will be kept confidential):

(over)

Emergency contacts (other than parents, who can usually be reached during school hours)

_____ phone# _____ cellular# _____

_____ phone# _____ cellular# _____

JACATT is offered daily when public school is in session with the exception of Jewish holidays (as explicated in the JACATT Parents / Students Manual).

1. Registration is for the full school year: August 22, 2010 – June 7, 2011.
2. Temple Torah will not be responsible for damage to or loss of personal property.
3. Permission is granted for use of photos and likenesses for promotional and/or archival purposes at Temple Torah’s discretion without compensation.
4. **In the event of an emergency if I am unable to be contacted, I grant permission to Temple Torah to authorize any emergency action necessary to ensure the safety of my child.**
5. I agree to read the JACATT Parents/Students Manual and will abide by all JACATT policies stated therein.
6. In the event that I pick up my child after 4:00 p.m. I will be charged at a rate of \$25 for up to 15 minutes and \$50 for up to ½ hour.
7. Should my child be withdrawn from the program, I must give written notification of withdrawal thirty days prior to effective withdrawal date. I am responsible for tuition for 30 days following the written notification.
8. **Temple Torah reserves the right to suspend or expel any child who does not comply with our Behavior Code which is explained in the JACATT Parents/Students Manual.**

Signed by parent/guardian _____ date _____

If other than parent, please give name, address & relationship.
