



2017-2018 REGISTRATION FORM



Child's Name _____ Date of Birth _____ Age as of 12/1/17 _____ Gender M F
First Last

Family Name _____ Parent _____ Parent _____
First Last First Last

Address _____ Work Phone _____ Work Phone _____
City, State, Zip _____ Cell Phone _____ Cell Phone _____
Home Phone _____ Email _____ Email _____

Temple Beth Zion Member? Yes No

NON CUSTODIAL PARENT WHO SHOULD RECEIVE SCHOOL INFORMATION

Name _____ Home Phone _____
Address _____ City, State, Zip _____

Please **DO NOT** publish the above information in a family directory

EMERGENCY INFORMATION

IF A PARENT CANNOT BE REACHED:

CONTACT 1: _____ Phone _____ Relationship _____
CONTACT 2: _____ Phone _____ Relationship _____

I give my permission for my child to receive emergency medical transportation and treatment if it becomes necessary and I cannot be reached by phone

Parent(s) Signature _____

1. Check Core Program

***REQUIRED
CORE PROGRAM:**

PLACE "X" FOR SESSION

	2s (Shefanim) 9:00 a.m. – Noon <i>Early Drop off begins at 7:30 am (half day)</i>	3s (Zekitot) 9:00 a.m. – 2pm <i>Early Drop off begins at 7:30 am (half day)</i>	4s (Tziporim) 9:00 a.m. – 2pm <i>Early Drop off begins at 7:30 am (half day)</i>
	T/TH	M/W/F	M/W/F

2. Place an "X" for Additional Days and Hours

**** Early Drop off begins at 7:30 a.m.**

		TIME	M	T	W	TH	F
2's	Shefanim ½ Day	7:30 – Noon		CORE		CORE	
	Shefanim Full Day	7:30 – 6 pm					
3's	Zekitot ½ day	7:30 – 2:00pm	CORE		CORE		CORE
	Zekitot Full Day	7:30 – 6 pm					
4's	Tziporim ½ Day	7:30 – 2:00pm	CORE		CORE		CORE
	Tziporim Full Day	7:30 – 6 pm					

PALS★Kadimah Classes Held at TEMPLE BETH ZION

716.836.6565 | 700 Sweet Home Road | Buffalo, New York 14226 | Pals@tbz.org

