

# Temple Emanuel

## Harry Kraft Youth Department



### Registration Form 2011-2012, 5771-5772

**MEMBER INFORMATION: (please fill out a separate form for each child)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Parent Email and/or Child's Email (print): \_\_\_\_\_

*(Optional)*

Phone: (H) \_\_\_\_\_ Child's Cell: \_\_\_\_\_

**FAMILY INFORMATION:**

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

*Please Notify the Youth Department of any email address changes.*

<b><u>Please Circle One:</u></b>		
	Temple Member**	Non Member
Chalutzim: Grades 3-4	\$36	\$46
Kadima: Grades 5-6	\$45	\$55
Junior USY: Grades 7-8	\$53	\$65
Senior USY: Grades 9-12	\$73	\$88

DUES ARE VALID SEPT. 1, 2011 THRU JUNE 30, 2012

**\*\*Please note: Temple members are billed along with their membership dues.**

**TE Members:** Please return completed form, you will be billed separately.

**Non-Members:** Please return this form with your check made payable to "TE USY".

Temple Emanuel Harry Kraft Youth Department  
385 Ward Street Newton, MA 02459  
617-558-8140

*Continued on Reverse* →

**CHILD'S SYNAGOGUE SKILLS**

Ritual Skills: Hamotzi: \_\_\_\_\_ Kabbalat Shabbat: \_\_\_\_\_ Musaf: \_\_\_\_\_ Shacharit: \_\_\_\_\_  
Mincha: \_\_\_\_\_ Ma'ariv: \_\_\_\_\_ Havdallah \_\_\_\_\_  
Birkat Hamazon: Long: \_\_\_\_\_ Short: \_\_\_\_\_ Aliyah: \_\_\_\_\_  
Torah Reading: \_\_\_\_\_ Haftorah: \_\_\_\_\_

For those OVER Bar/Bat Mitzvah age: What was your Bar/Bat Mitzvah portion? \_\_\_\_\_

For those UNDER Bar/Bat Mitzvah age: What is the date of your Bar/Bat Mitzvah (if known)? \_\_\_\_\_

Interests: (sports, hobbies, musical instruments, etc): \_\_\_\_\_

**MEDICAL INFORMATION:**

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Are there any special medical concerns or limitations to your child's full participation in our youth program?

\_\_\_\_\_

Are there any special conditions/dietary needs/restrictions on activity/special circumstances of which the Advisors/Director should be aware?

\_\_\_\_\_

**Parent/Guardian Permission:**

I give for my permission for my child to participate in the activities of the Youth Department. My child is permitted to use any transportation selected by the advisor and/or Director of Informal Youth Education. I give permission to Temple Emanuel and its agents to secure proper medical treatment in the event of an emergency.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Membership Agreement:**

As a representative of the Temple Emanuel community, I recognize my need to observe appropriate behavior at all times. I agree to be considerate of my peers and the Youth Department staff and I will follow all rules as set at the beginning of each program. While participating in a Temple Emanuel sponsored youth activity, I will follow the Jewish ritual laws regarding Kashrut and Shabbat and I will refrain from the unlawful use of drugs, alcohol and tobacco. I understand that if I don't abide by these criteria it may result in disqualification from attending future youth events.

NOTE: As in previous years, we ask your help in adhering to the RSVP policy set by the Youth Department. This will ensure adequate food, transportation and most importantly, the safety of youth members during events.

I have carefully read the above policies and agree to abide by them.

Signature of Youth Member: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_