Temple Israel Religious School
2026-2027 Registration

Principal: Gerri Kaplan Clergy: Rabbi Larry Kaplan, Cantor Ahron Abraham

✦ STUDENT INFORMATION

Last Name | First Name | Preferred Name / Nickname

Date of Birth (MM/DD/YYYY) | Age | Grade (Fall 2026) | Gender Identity

Hebrew Name (if known) | Bar/Bat Mitzvah Date (if scheduled)

Home Address (Street) | City | State | ZIP

Student Cell Phone (if applicable) | Student Email (if applicable) | School Currently Attending

Grade level in public/private school:

■ Pre-K ■ Kindergarten ■ 1st ■ 2nd ■ 3rd ■ 4th ■ 5th ■ 6th ■ Grades 7–12

Previous religious school experience:

■ New Student – No prior religious school ■ Returning Student – Temple Israel ■ Transferring from another congregation

If transferring, name of previous synagogue/school: | Years attended:

✦ PARENT / GUARDIAN INFORMATION

Parent / Guardian 1

Last Name | First Name | Relationship to Student

Cell Phone | Home Phone | Work Phone

Email Address (primary) | Preferred Contact Method

Same address as student?

■ Yes – same address ■ No – different address (fill below)

Address (if different) | City | State | ZIP

Employer / Occupation (Guardian 1):

Employer Name | Occupation / Title

Parent / Guardian 2

Last Name | First Name | Relationship to Student

Cell Phone | Home Phone | Work Phone

Email Address (primary) | Preferred Contact Method

Same address as student?

■ Yes – same address ■ No – different address (fill below)

Address (if different) | City | State | ZIP

Employer / Occupation (Guardian 2):

Employer Name | Occupation / Title

Custody / Household Notes (optional):

✦ EMERGENCY CONTACTS

List two contacts (other than parents/guardians) authorized to pick up the student in an emergency.

Emergency Contact 1

Full Name | Relationship to Student | Cell Phone | Alt. Phone

Authorized to pick up student?

■ Yes ■ No

Emergency Contact 2

Full Name | Relationship to Student | Cell Phone | Alt. Phone

Authorized to pick up student?

■ Yes ■ No

✦ HEALTH & MEDICAL INFORMATION

This information is kept strictly confidential and used only to ensure your child's safety.

Physician / Pediatrician Name | Practice / Clinic | Phone

Does the student have any known allergies?

■ No known allergies ■ Yes – please specify below

Allergy details & reactions (foods, medications, environmental, etc.):

Does the student carry an epinephrine auto-injector (EpiPen)?

■ Yes – will be kept with student ■ Yes – stored in school office ■ No

Does the student have any medical conditions, disabilities, or special needs the school should be aware of?

■ No ■ Yes – please describe below

Condition / Special needs details:

Does the student require any medication administered during school hours?

■ No ■ Yes – a completed Medication Authorization Form is attached

Additional health notes or accommodations needed:

✦ PROGRAM & TUITION INFORMATION

Tuition rates below are for the 2026–2027 academic year. Membership in Temple Israel is required for enrollment.

Program	Grades		Annual Tuition
Early Childhood	Pre-K – K		**$180**
Elementary & Middle School	1st – 6ht		**$360**
High School / Teen Program	7th – 12th		**N/C**

Financial assistance is available. Please contact the synagogue office confidentially for information about our scholarship program.

Program selection:

■ Pre-K – K ($180) ■ 1st – 6th ($360) ■ High School / 7th–12th (N/C)

Other notes:

✦ PERMISSIONS & ACKNOWLEDGEMENTS

Photo / Video Release: I grant permission for my child to be photographed or filmed for Temple Israel publications, website, and social media.

☐ Yes, I grant permission ☐ No, I do not grant permission

Medical Treatment Authorization: In the event of a medical emergency and I cannot be reached, I authorize school staff to seek emergency medical treatment for my child.

☐ Yes, I authorize ☐ No (I will provide a separate authorization form)

Field Trip / Off-Site Activities: I grant permission for my child to participate in school-sponsored field trips and off-site activities.

☐ Yes, I grant permission ☐ No, I do not grant permission

By signing below, I acknowledge that I have read and agree to the Temple Israel Religious School policies, including the Code of Conduct and Media Release terms as described above.

Parent / Guardian Signature Printed Name Date

✦ ONLINE REGISTRATION & OFFICE USE ONLY

SCAN TO COMPLETE ONLINE REGISTRATION

— FOR OFFICE USE ONLY —

Date Received	Received By	
Membership Verified	Tuition Amount	Deposit Received
Program / Class Assigned	Notes	

Temple Israel Religious School • Please return this completed form to Temple Office
613 SJ Strauss Lane, Kingston, PA 18704 or office@templewb.org
Questions ? Contact Principal Gerri Kaplan at 570-357-5357