



# Temple Emanuel Sinai Kehillah High

Registration Packet 2025-2026 / 5785-5786

**New Meeting Schedule:** To better accommodate family schedules, Kehillah High will now meet twice a month—once on a Saturday and once on a Wednesday.

## Meeting Dates:

**Saturdays - 10/4, 11/8, 12/6, 1/10, 2/7, 3/14, 4/11, 5/9**

**Wednesdays - 10/22, 11/19, 12/17, 1/21, 2/25, 3/25, 4/29, 5/13**

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

[First]

[Last]

## General Family Information

**Please fill out all sections that apply to your family.**

Parent's / Guardian's Name (and relationship to child): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's /Guardians Name (and relationship to child): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate synagogue affiliation: \_\_\_\_\_

Is there specific information about your child's home situation that might affect his/her attitude, performance or behavior? This includes divorce, illness in the family, death of a close relative, religious differences in the family or social concerns.

## General Medical Information

Family Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Alternative Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact person to be called in the event that the parent(s)/ guardian(s) cannot be reached:

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

Phone: \_\_\_\_\_

**(Be sure this person knows that you have put their name on this form!)**

Please place a check mark on the line next to the over-the-counter pain reliever that may be administered to your child during religious school. These medications may only be dispensed for the following reasons: headache, burns, earache, muscle aches, or pain, OR place a check mark on the line specifying that you wish for NONE of these medications to be administered to your child in school.

Please make the following medication available to my child:

I do not want any medication given to my child in school.

Advil

Motrin

Tylenol

\_\_\_\_\_  
Parent's Signature / Date

In the event I cannot be reached in an emergency, I hereby authorize the physician selected by Temple Emanuel Sinai to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my children.

\_\_\_\_\_  
Parent's Signature/Date

### **Photo and Media Release**

I hereby give permission for photos of my child(ren) to be used in print or electronically for publicity purposes.

Student #1: \_\_\_\_\_

Student #2: \_\_\_\_\_

\_\_\_\_\_  
PLEASE PRINT- Parent's/ Guardian's Name

\_\_\_\_\_  
SIGNATURE - Parent's/Guardian's Name

\_\_\_\_\_  
Date

### **Field Trip Permission**

I hereby give my child(ren) permission to participate in any field trips that are organized for his/her/their grade(s) during the 2025/2026 school year.

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

I understand that, unless I receive specific written notice of school-provided transportation, transportation for field trips will be furnished by parent volunteers, and I give permission for my child(ren) to be transported to and from such field trips in this manner.

\_\_\_\_\_  
PLEASE PRINT - Parent's/Guardian's Name

\_\_\_\_\_  
SIGNATURE - Parent's/Guardian's Name

\_\_\_\_\_  
Date

***Please use a separate form for each student you are registering!***

**Student Specific Individual Information**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Name of Secular School: \_\_\_\_\_

Town: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Grade (as of September 2025): \_\_\_\_\_

If the above child attends/ed a Jewish day or residential camp, please let us know the name of the camp and the sessions attended:

\_\_\_\_\_

**Student Specific Medical Information**

Date of most recent tetanus booster: \_\_\_\_\_

Use the space below to list any physical, emotional, or medical issues (including food allergies, special dietary instructions - lactose intolerance, allergy to nuts, diabetic, etc.), and/or special learning needs of which you would like the school to be aware. Please inform us if your child is taking any medication and the dosage, etc. Please inform us if your child experiences reading or learning difficulties that might affect his/her performance, participation or enjoyment in religious school. Be as specific as possible. We ask that you apprise us of any special learning accommodations your child has or any educational evaluations that have been done. You are encouraged to set up an appointment to discuss these or other issues with the director and/or your child's teacher. This information will remain strictly confidential.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***To the best of my knowledge, the above information is correct.***

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

***Please use a separate form for each student you are registering!***

**Student Specific Individual Information**

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Name)

Hebrew Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Name of Secular School: \_\_\_\_\_

Town: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

Grade (as of September 2025): \_\_\_\_\_

If the above child attends/ed a Jewish day or residential camp, please let us know the name of the camp and the sessions attended:

\_\_\_\_\_

**Student Specific Medical Information**

Date of most recent tetanus booster: \_\_\_\_\_

Use the space below to list any physical, emotional, or medical issues (including food allergies, special dietary instructions - lactose intolerance, allergy to nuts, diabetic, etc.), and/or special learning needs of which you would like the school to be aware. Please inform us if your child is taking any medication and the dosage, etc. Please inform us if your child experiences reading or learning difficulties that might affect his/her performance, participation or enjoyment in religious school. Be as specific as possible. We ask that you apprise us of any special learning accommodations your child has or any educational evaluations that have been done. You are encouraged to set up an appointment to discuss these or other issues with the director and/or your child's teacher. This information will remain strictly confidential.

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***To the best of my knowledge, the above information is correct.***

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

**Kehilla High Tuition: \$350 per student - *Please email jlejeune@emanuelsinai.org for a scholarship application if needed.***

**Registration forms and payment should be returned to:  
Jade Le'Jeune at jlejeune@emanuelsinai.org OR mailed to:  
Temple Emanuel Sinai, 661 Salisbury Street, Worcester, MA 01609**

**Payment:** Please include your check or credit card information with this registration.

**Tuition may be remitted in one payment or two equal installments by credit card or check.**

**50% OF TUITION MUST BE PAID BY THE START OF SCHOOL. *ALL SCHOOL FEES MUST BE PAID IN FULL BY DECEMBER 1, 2025.***

**IF YOU WISH TO PAY BY CREDIT CARD:**

Please contact Christa Benoit or Jade Le'Jeune at Temple Emanuel Sinai's office using the contact information below. Thank you!

Christa Benoit, Office Assistant  
cbenoit@emanuelsinai.org  
508-755-1257 Ext. 106

or

Jade Le'Jeune, Temple Administrator  
jlejeune@emanuelsinai.org  
508-755-1257 Ext. 104