



Temple Emanuel Sinai Kehillah High

Registration Packet 2025-2026 / 5785-5786

Meeting Dates:

**Saturdays - 10/4, 10/18, 11/8, 11/22, 12/6, 12/20, 1/10, 1/24, 2/7, 2/28, 3/14,
3/28, 4/11, 5/9**

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)

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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