

TEMPLE ISRAEL OF GREAT NECK RELIGIOUS SCHOOL
Gesher (4-year-old)
REGISTRATION FORM & CONTRACT 2017-2018



FAMILY (Last Name): _____

Child's Name: _____ Hebrew Name: _____ M/F: _____ Birthdate: _____ Grade-Sept. 2017: _____

(Allergies, medications, food restrictions)

Emergency Contacts (if you are not available):

FIRST AND LAST NAME: _____ RELATIONSHIP TO CHILD: _____ CELL: _____ HOME: _____

FIRST AND LAST NAME: _____ RELATIONSHIP TO CHILD: _____ CELL: _____ HOME: _____

If you are already a Temple Israel Member, or have enrolled for one of our schools in a previous year, please check one of the following:

- There have been no changes in my contact information in the last year.
- I have completed the information for any changes below.

Please complete the following information:

Adult #1 Information

Home Phone: _____ Cell Phone: _____

Adult #2 Information:

Adult #2 Email Address: _____

Address (correct if different than Adult #1): _____

Home Phone (correct if different from Adult #1): _____

Cell Phone: _____

I GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, in local newspapers, etc.

I DO NOT GIVE Temple Israel permission to use photos of my child(ren) in its publicity such as in the Voice, on the TIGN website, in local newspapers, etc.

FEE FOR THE GESHER PROGRAM IS \$640.

FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.

IF YOU PREFER, WE WILL CHARGE YOUR CREDIT CARD:

Charge my:

American Express

Visa

Mastercard

Discover

Account Number _____ Exp. Date _____

Cardholder Name _____

Cardholder Signature _____

FOR OFFICE USE ONLY: Date Received: _____ KT-Tally _____ KT-Reg _____ KR-Fin'l _____ Assigned _____ Family ID: _____