Temple Beth Shalom Sunday School Application

(Please print all of the following information.)

Student Name(s):				
Hebrew Name: Hebrew Name:		DOB:	Hebrew Level	
		DOB:	Hebrew Level	
	Hebrew Name:	DOB:	Hebrew Level	
Parent Name(s):				
Address:				
Parent Home Phone:				
Parent Cell Phone:				
Student Email(s):				
Parent Email(s):				
Emergency Contact:				
Person(s) Who May P	Pick Up Child(ren):			
Name(s):	Allergies:	Medical Concern(s):	Medications:	
Would you (novent/gr	vandnavant) ha willing/ahla	to be a Sunday Sahaal taa	vahaw? Vag Na	
What level(s) can you	randparent) be willing/able teach?	to be a Sunday School tea		
	to host refreshments for or	ne or more Sundays?	Yes No	
•	child(ren) having a Bar/Ba	• —		
	all school age children and g	-	_	
	acknowledge their responsi	• • • • • • • • • • • • • • • • • • • •		
_	ties to meet the needs of Sund	•		
	pplies. Sunday School meets	•		
· ·	10:00 AM -12:00 PM at TE	38. The schedule can be fou	and on the TBS website:	
nup://www.nickoryjewi	ishcenter.com/events.html			
Downs Come - to		n	240	
Parent Signature:		D	Date:	