



TEMPLE BETH DAVID

– A SPIRITUAL AND CULTURAL COMMUNITY –

Jewish Adventure School Registration Form for 5787 (2026-2027)

Thank you for your interest in Temple Beth David's Jewish Adventure School!

Please complete **all** sections of pages 1-3 for each child. Pages 4-8 can be completed **once** for all children in the household.

Child's Full Name:	
Hebrew Name (if applicable):	
Birthdate:	Grade:
Gender:	Nickname:
Home Address:	
With Whom Does the Child Reside?	

Parent/Guardian Information

Parent/Guardian Full Name:	
Employer:	
Occupation:	
Daytime Phone:	Cell:
Email:	

Parent/Guardian Full Name:	
Employer:	
Occupation:	
Daytime Phone:	Cell:
Email:	

Additional Information

Child's Name: _____

Is there anything we should know about your child before the start of the school year?

Please share any thoughts or expectations you might be having regarding our program?

List previous religious education with other institutions and/or synagogues?

How can we help make TBD Jewish Adventure School the most optimal experience you and your family might envision?

Emergency Contact Information

Emergency Contact #1:

Relationship to Child:

Home Phone:

Cell:

Emergency Contact #2:

Relationship to Child:

Home Phone:

Cell:

Jewish Adventure School Medical Release Consent Form

Child's Name:	DOB:
Doctor's Name:	Phone Number:
Allergies or medical condition(s):	
What medications does your child take on a regular basis?	
I/we hereby give permission for the enrolled child _____ to be given emergency care as administered, authorized, or directed by any adult person acting on behalf of Temple Beth David Jewish Adventure School. Such care may include 1) x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general of special supervision and upon the advice of or to be rendered to said minor by a physician and surgeon licensed under the provisions of the Medicine Practice Act; 2) x-ray examination, anesthetic, dental, or surgical diagnosis or treatment or hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act, all pursuant to Civil Code 25.8. I/we further agree to pay the cost of all such medical or dental services. It is understood that if time and circumstances reasonably permit, Temple Beth David Jewish Adventure School personnel will try, but not be required, to communicate with me prior to such treatment.	
Signature: Name (print): Relationship (Parent/Guardian/Other):	Date:
Signature: Name (print): Relationship (Parent/Guardian/Other):	Date:

Jewish Adventure School Visual/Audio Image Release

Name Child #1:	DOB:
Name Child #2:	DOB:
Name Child #3:	DOB:
I/we hereby grant permission to Temple Beth David of the San Gabriel Valley, its employees, and agents, to take and use visual/audio images of my child(ren) listed above. Visual/Audio images are any type of recording, including photographs, digital images, drawings, rendering, voices, sounds, video recordings, audio clips, or accompanying written descriptions. The images may be used in any manner or media without notifying me, such as Temple-sponsored websites, publications, promotions, broadcasts, advertisements, posters, and theater slides, as well as other community uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them. I release Temple Beth David of the San Gabriel Valley and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages, or liability which I may ever have in connection with the taking or use of the images or printed material used with the images. I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.	
Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:



TEMPLE BETH DAVID

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Jewish Adventure School Sign-in & Sign-out Policy

Temple Beth David requires that every child enrolled in our program be signed in and signed out by a responsible adult each time they attend school. You must sign your full name and time of arrival or dismissal.

1. School Arrival is 9:15 am. Please sign your child in on the clipboard at the front. An aide will be on-site to visit and greet your families.
2. After signing in, your child will partake in a brief health check. Children exhibiting any signs of illness will not be admitted. If they do not appear well after you leave, we will call you to take them home.
3. After 9:30 am Parents bring your child to the yard and sign in at the Administrator table.
4. If you plan to pick your child up early, we would like to know in advance. In case of last-minute change of plans, be sure to speak to the teacher personally or call the office. If someone picks up your child who is not on the emergency card, please send a written note or call the office.
5. School Dismissal is 12:30 pm. Children will be brought to parents at the sign-out table.
6. Anyone picking your child up from school must be 18 years or older and is required to show identification.

I/we are aware of the Sign-in & Sign-out Policy:

Print name(s) of child(ren): _____

Signature of Parent/Guardian:	Date:
Signature of Parent/Guardian:	Date:

Jewish Adventure School Fee Commitment for 5787 (2026-2027)

*Temple membership required.

For more information please email office@templebd.com or call (626) 287-9994

TK/K - 9th Grade (x29+ Sunday sessions, 9:30am - 12:30pm)

_____ \$900 for one child

_____ \$775 each additional child in the same household

Additional Donation

_____ School fees do not cover the total cost of running the Jewish Adventure School. If you are able, please consider an additional donation.

Total: _____

Has your family completed the Temple Beth David membership packet? Yes ____ No ____

If no, you will be contacted by a representative of the temple

Payment Plan

(Choose a payment plan from below and remit your payment based upon the selected plan)

___ Full Payment/year (1st payment is 100% of your RS Fees)

___ 2 Payments/year (1st payment is 50% of your RS Fees;)

___ 7 Payments/year (1st payment is 20% of your RS fees; billed monthly, thereafter)

First Payment: \$ _____

Form of Payment: ☐ Check ☐ Direct Deposit ☐ Credit Card* ☐ Zelle * ☐ [ShulCloud*](#)

**If using this payment method, there will be a 3% additional charge to cover processing fees.*

Office Use Only:

Payment Schedule: ☐ Oct ☐ Nov ☐ Dec ☐ Jan ☐ Feb ☐ Mar

Credit Card Authorization Form (Optional)

Cardholder's Name:	
Phone Number:	
Billing Address:	
Credit Card Number:	
CVC:	Exp. Date:
Email Address:	

_____ I authorize Temple Beth David to charge \$ _____ initially and monthly to the above credit card account. This will become effective immediately and will remain in effect through the end of the Religious School year.

_____ I authorize Temple Beth David to charge \$ _____ to the above credit card for the full amount to cover the tuition cost for this year of TBD Jewish Adventure Religious School

Signature:

Full Name:

Date

Please return to:

Temple Beth David of the San Gabriel Valley
Mail: 9677 Longden Avenue, Temple City, CA 91780
Phone: (626) 287-9994
Fax: (626) 287-2846
Email: office@templebd.com

Involvement

We ask that each family volunteer at least 2 Sunday's during the school year for check in/out and snack.

Name: _____

If you have a preference for which Sundays you would like to volunteer, please let us know. Otherwise, you will be contacted by a volunteer coordinator.

(Preferred dates - min 2) _____, _____, & _____.

We are an involved community and would love to know how you would like to participate?

(Please check all that might apply)

☐ Class parent	☐ Guest speaker	☐ Arranging teacher appreciation day
☐ Chaperoning field trips	☐ Assist at special school programs (e.g. model Passover Seder, Israel Day, Chanukah, Purim, etc.)	☐ School Shabbat
☐ Purchase school supplies	☐ Garden upkeep	☐ Volunteer coordinator
☐ Security	☐ Social Media outreach	☐ Audio Visual
☐ Library or storytelling aide	☐ Videography, photography, and other media	☐ Anything else?

Would you like to be contacted about joining any of our TBD committees / groups?

(Please check all that apply)

☐ Sisterhood	☐ Men's Club	☐ Mindfulness Meditation
☐ Ritual	☐ Social Justice/Advocacy	☐ Library
☐ Fundraising	☐ Temple Board	☐ Adult Education
☐ Young Adult	☐ Caring Committee	☐ Choir