

READY SET ALEF BET!
REGISTRATION FORM 2020-21

For Ages 3 to 5

Child's Full Name: _____ Hebrew Name: _____

Date of Birth _____

Parent/Guardian 1

Name _____
Email _____
Cell _____
Address _____

Parent/Guardian 2

Name _____
Email _____
Cell _____
Address _____

I give my permission for Or Tamid Religious School/Ready Set Alef Bet Facilitator to seek medical treatment for my child in the event of an emergency.

Parent/Guardian Signature _____ date _____