



Temple Israel
4737 Deerfield Place, Vestal, NY 13850

REGISTRATION FORM & MEDICAL FORM

SCHOOL YEAR 2022-2023

4737 Deerfield Pl, Vestal, NY 13850

Office phone: 607-723-7461/Email: titammy@stny.twcbc.com

These forms, along with COVID tests or proof of vaccinations MUST be received before the first class or students cannot attend. This is for safety reasons for students and staff. Thank you.

Please complete a registration form for EACH child you are enrolling.

For which program is the child enrolling? (Circle)

Pre-K (up to age 5)

Mechina (age 5-7)

Alef-Daled (ages 7 and up)

Are you a TI member? (Circle) Yes No

Please complete one form for each child enrolled:

Student's full name:

Grade: _____ Birthdate: _____ Nickname: _____

Sex: _____

Hebrew name:

Student's home address:

City: _____ State: _____ Zip: _____

Public School and District child attends: _____

Grade: _____

Parent's
name: _____

Parent's address (if
different): _____

City: _____ State: _____ Zip: _____



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Phone - Home: _____ Cell: _____

Work: _____

Email
address: _____

Parent's
name: _____

Parent's address (if
different): _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____

Work: _____

Email
address: _____

Any important information you feel the school should know about your child:

(All information will be kept confidential)



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MEDICAL INFORMATION

Allergies: Yes No

Explain: _____

Asthma: Yes No

Explain: _____

Any other medical problems we need to be aware of:

Yes No

Explain: _____

Is your child fully vaccinated for COVID?

Yes No

If your child is not vaccinated, they will need to have a negative COVID test prior to starting the school year and if any exposure occurs. Please indicate you understand and agree with this below.

Yes No Signature _____

MEDICAL EMERGENCY TREATMENT AUTHORIZATION

Person(s) to be contacted in case of emergency if parents can't be reached:

Name: _____ Phone

#: _____

Name: _____ Phone

#: _____

Child's Physician: _____ Phone

#: _____

Child's Dentist: _____ Phone

#: _____

Hospital Preference:

Are there restrictions for medical care? Yes No

Explain:



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I understand that if (child's name) _____ should need emergency medical treatment due to accident, illness or any other reason, that every effort will be made to contact me. However, if I am not available and the persons identified above cannot be reached, I hereby authorize the teachers of Temple Israel Religious School to secure emergency treatment for my child. I further consent to the medical treatment rendered by (preferred physicians name and phone) _____ or by another licensed physician.

Signature of parent or guardian:

_____ Date: _____

Name of insurance carrier:

Policy number: _____ Name of primary
insured: _____



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Health Protocol

Guidance for Dealing with suspected or confirmed COVID Cases

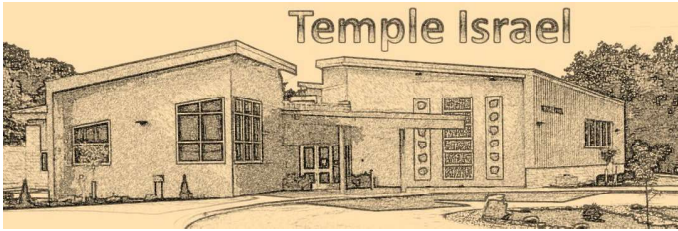
T.I. Hebrew School will make efforts to monitor for COVID related symptoms of students and teachers. Below is some specific guidance related to situations involving the T.I. Hebrew School program. All guidelines are subject to change due to updated public health guidance.

A. If a student or teacher has a suspected case of COVID-19 or is demonstrating symptoms.

1. Immediately separate teacher and student with COVID-19 symptoms (such as fever, cough, or shortness of breath) at school. Individuals who are sick should go home or to a healthcare facility depending on how severe their symptoms are. CDC guidance for caring for oneself and others who are sick should be followed.
2. Provide an isolation room (children's library).
3. Call for home transportation, if necessary.
4. Can return when with a negative COVID test
5. Documentation of a negative COVID test from the individual's health care provider
6. At least 24 hours fever free with no fever reducing medication
7. Symptoms improving

B. If a student has a confirmed case of COVID-19

1. Notify local health officials to ask for guidance.
2. Dismiss the student(s) while health officials determine next steps.
3. Consider a dismissal of cohort related to the suspected case of COVID-19 using health official guidance for this.
4. Discourage the cohort from gathering during the initial period and the situation has been evaluated.
5. Communicate to Hebrew school administrator, TI staff, teachers, and families that there was a confirmed case. Name or identifying information of the student with COVID-19 is not permitted.
6. Evaluate if any other cases related to the case were identified and decide to extend or end the cohort dismissal.
7. The student can return after the following conditions have been met:
 1. 24 hours with no fever and no fever reducing medicine, and symptoms improved, and
 2. 10 days since symptoms first appeared



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T.I. Hebrew School Symptom Screening Tool (Appendix A)

For Both Teachers and Students

If you answer “yes” to questions 1, 2, or 3, please contact T.I. Hebrew School prior to sending your child, or attending as a teacher, to the program.

1. Are you/is the student taking any medication to treat or reduce a fever such as Ibuprofen (i.e. Advil, Motrin) or Acetaminophen (Tylenol)?
2. Have you traveled to an area (state or region) with required quarantine according to either New York or United States guidelines?
3. Have you/your child experienced any of these symptoms in the past 48 hours?
 - *Fever or chills
 - *New or unexplained onset of cough, shortness of breath or difficulty breathing
 - *New or unexplained loss of taste or smell
 - *New or unexplained muscle aches
4. Are you/your child experiencing any 2 of the following symptoms?
 - *Sore throat
 - *Runny nose/congestion
 - *Nausea or Vomiting
 - *Headache
 - *Diarrhea
5. Have you/your child been in close contact with someone diagnosed with COVID-19 in the last 14 days or told by the Department of Health that you/your child should quarantine?

I _____ have read and understand the COVID plans and procedures

(print name above line)

for Temple Israel Hebrew School and Agree to them. Sign Here: _____.

Date: _____.