



**2016 2017 Temple Beth Sholom  
MACHON BETH SHOLOM REGISTRATION FORM**

PLEASE WRITE LEGIBLY.

<b>Office Use ONLY</b>	
Deposit Received \$	_____
Date	_____
Staff Signature:	_____



401 Roslyn Road, Roslyn Heights, NY 11577  
516 621-2288 x 133  
machonbethsholom@tbsroslyn.org

<b>MACHON BETH SHOLOM begins September 12, 2016 and will meet on Monday evenings from 6:30-8:30 pm</b> <b>EARLY BIRD REGISTRATION available through 7/15/16.</b>  <p align="center"><i>See reverse for fees.</i></p>		<b>UNITED SYNAGOGUE YOUTH MEMBERSHIP 2016-2017</b>  <p align="center"><i>See reverse for fees.</i></p>	
Student's Full Name (first/last)		Date of Birth	
Student's Hebrew Name		Male/Female	
School Student Attends		Grade (as of September 2016)	
Home Address—Street-Town/Zip			
<b>STUDENT Email:</b> _____ @ _____ <b>PARENT Emails:</b> _____ @ _____ _____ @ _____			
Student's Cell #		Family Home #	
Mother's Name		Mother's Hebrew Name	
Mother's Cell #		Mother's Business #	
Father's Name		Father's Hebrew Name	
Father's Cell #		Father's Business #	
Names & Ages of siblings			
I hereby grant <b>PERMISSION</b> for my child's photo to be shown on the Temple Beth Sholom website or Facebook page without an identifying name. <i>Please initial in the appropriate place.</i> _____ Yes _____ No			
<b>CAMP QUESTION:</b> If you are sending your child to camp (day camp or sleep-away) this summer, please indicate name of camp:		Camp Program:	

**MEDICAL INFORMATION/PERMISSION SLIP**

I hereby grant permission for my child, \_\_\_\_\_ to attend any trips in conjunction with the Machon High School and United Synagogue Youth program. I understand that sometimes my child might be traveling in a vehicle of another parent and I grant permission for my child to do so without the presence of an MBS staff member.

**If you do NOT wish your child to travel in the vehicle of another parent, please indicate your wishes by initialing here \_\_\_\_\_.**

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian.

In the event that the staff member is unable to contact a guardian, I hereby authorize the staff to seek treatment for my child.

Please provide any **information about special medical or food concerns** for your child:

\_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

In case of an emergency and parents/guardian cannot be reached, please contact:

**First/Last Name of Emergency Contact** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

**Home #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Physician's #** \_\_\_\_\_

EMERGENCY CONTACT INFO

**FEE AGREEMENT- MACHON HIGH SCHOOL PROGRAMS**

FEES	TBS MEMBER	NON-MEMBER
Early Bird Registration through July 15, 2016	\$475	\$625
Machon Beth Sholom	\$500	\$650
United Synagogue Youth Membership	\$ 65	\$95

*Temple Beth Sholom subsidizes the Machon High School budget by nearly 50%.*



**PLEASE NOTE: REGISTRATION WILL ONLY BE ACCEPTED IF FAMILY IS CURRENT ON ALL TBS FEES FOR YEAR ENDING JUNE 30, 2016**

**REGISTRATION AGREEMENT:**

**A non-refundable DEPOSIT OF \$150 IS REQUIRED AT TIME OF REGISTRATION.  
The balance of the tuition is to be paid by October 14, 2016**

I/We understand and agree to the following regarding enrollment at Temple Beth Sholom's MACHON program ("MACHON")

- MACHON reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety or emotional problems that the school deems may endanger the welfare of the children.
- Courses and programs will be offered based on sufficient enrollment.
- MACHON will not be responsible or liable for the transportation of the students to and from MACHON.
- MACHON is not responsible for the students before official arrival to MACHON or after dismissal from MACHON.
- MACHON will be closed when the safety of the students may be endangered, such as on days of severe storm or dangerous road conditions and follow the Roslyn School District school closings.
- MACHON does not retain medical staff on site.
- Placement in an age-appropriate class and choice of teacher shall be made at sole discretion of the School.
- **Payments may be made by cash, credit card or check payable to TEMPLE BETH SHOLOM.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_