



2018 2019 Temple Beth Sholom
MAKOM TEEN PROGRAMMING
REGISTRATION FORM DUE BY 8/31/18
 401 Roslyn Road, Roslyn Heights, NY 11577
 516 621-2288 x 126 rabbiallen@tbsroslyn.org
 Rabbi Uri Allen, Makom Director



See reverse for fees.

Student's Full Name <small>(first/last)</small>	Date of Birth
Student's Hebrew Name	Gender
School Student Attends	Grade (as of September 2018)
Home Address —Street-Town/Zip	
STUDENT Email: _____ @ _____	
PARENT Emails: _____ @ _____ _____ @ _____	
Student's Cell #	Family Home #
Parent's Name	Parent's Hebrew Name
Parent's Cell #	Parent's Business #
Parent's Name	Parent's Hebrew Name
Parent's Cell #	Parent's Business #
Names & Ages of siblings	
<p>I hereby grant PERMISSION for my child's photo to be shown on the Temple Beth Sholom website or on TBS social media pages without an identifying name.</p> <p align="center"><i>Please initial in the appropriate place.</i> _____ Yes _____ No</p>	

continued on next page

TEMPLE BETH SHOLOM—MAKOM TEEN PROGRAMMING Registration Form 2018-2019

MEDICAL INFORMATION/PERMISSION SLIP

I hereby grant permission for my child, _____ to attend any trips in conjunction with the MAKOM 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 a MAKOM 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- MAKOM TEEN PROGRAMS

FEES	TBS MEMBER	NON-MEMBER
Machon Beth Sholom	\$500	\$650
Activ8!	\$360	\$450
Madrachim	No charge	No charge
Teen Philanthropy Club (TPC)	\$180	\$250
Adopt a Survivor	Incl w MBS or \$100 stand alone	Incl w MBS or \$180 stand alone
USY Membership	\$54	

Choose 2 offerings = 10% discount, Choose 3 offerings = 15% discount, Choose 4 offerings = 20% discount
Temple Beth Sholom subsidizes the MAKOM Teen programming budget by nearly 50%.

REGISTRATION AGREEMENT:

1/2 OF TUITION DUE AT REGISTRATION
The balance of the tuition is to be paid by December 1, 2018

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

- MAKOM 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.
- MAKOM will not be responsible or liable for the transportation of the students to and from MAKOM.
- MAKOM is not responsible for the students before official arrival to MAKOM or after dismissal from MAKOM.
- MAKOM 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.
- MAKOM 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** _____