

**2014-2015 Temple Beth Sholom
YOUTH GROUP REGISTRATION FORM**

PLEASE WRITE LEGIBLY.

Office Use ONLY
Deposit Received \$ _____
Date _____
Staff Signature: _____



401 Roslyn Road, Roslyn Heights, NY 11577
516 621-2288 x 125
drisner@tbsroslyn.org

Student's Full Name (first/last)	Date of Birth
Student's Hebrew Name	Male/Female
School Student Attends	Grade (as of September 2014)
Home Address —Street-Town/Zip	
STUDENT Email: _____ @ _____ PARENT Emails: _____ @ _____ _____ @ _____	
Student's Cell #	Family Home #
Mother's Name	Mother's Cell #
Father's Name	Father's Cell #
I hereby grant PERMISSION for my child's photo to be shown on the Temple Beth Sholom website or Facebook page without an identifying name. Please initial in the appropriate place. _____ Yes _____ No	
PROGRAM REGISTRATION 2014 15: MACHAR MEMBERSHIP (GRADES 3/4/5) <input type="checkbox"/> \$18 TBS member <input type="checkbox"/> \$36 TBS NON member <i>DINNER PROVIDED FOR \$5 PER SESSION PER STUDENT (payable at each session)</i>	USY MEMBERSHIP (GRADES 8/9/10/11/12) \$36 TBS member \$75 TBS NON member
KADIMA MEMBERSHIP (GRADES 6/7) <input type="checkbox"/> \$18 TBS member <input type="checkbox"/> \$36 TBS NON member <i>DINNER PROVIDED FOR \$5 PER SESSION PER STUDENT (payable at each session)</i>	

MEDICAL INFORMATION/PERMISSION SLIP

I hereby grant permission for my child, _____ to attend any trips in conjunction with the YOUTH GROUP 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 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. Please list any allergies.

EMERGENCY CONTACT INFO

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 # _____

REGISTRATION AGREEMENT:

I/We understand and agree to the following regarding enrollment at Temple Beth Sholom's YOUTH program
TBS YOUTH GROUP 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.

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