



401 Roslyn Road
Roslyn Heights, NY 11577
(516) 621-2288 x129
machonbethsholom@tbsroslyn.org

2010-2011/5771 Youth Program Registration Form

STUDENT INFORMATION

Child's Name _____ M/F _____ Birth Date _____

Grade in School As of Sept. 2010 _____ Child's Hebrew Name _____

Synagogue Affiliation _____ School Attending _____

Home Address _____

Home Telephone Number _____ Student Email Address _____

PARENT INFORMATION

Mother's Name _____
Bus. Phone _____ Cell Phone _____ Email Address _____

Father's Name _____
Bus. Phone _____ Cell Phone _____ Email Address _____

PROGRAM REGISTRATION

Please sign me up for the following program(s):

UNITED SYNAGOGUE YOUTH MEMBERSHIP FOR 2010-2011 (Grades 8-12)

\$36 TBS Members \$75 TBS Non-Members

Please note that if you are signed up for either of the Machon study tracks, your USY membership is included as part of your tuition.

KADIMA MEMBERSHIP FOR 2010 – 2011 (Grades 6 and 7)

\$18 TBS Members \$36 TBS Non-Members

MACHAR MEMBERSHIP FOR 2010-2011 (Grades 4 and 5)

\$18 TBS Members \$36 TBS Non-Members

(over)

Yes No I hereby grant permission for my child's photo to be put on the Machon Youth Community's website without any identifying name (please initial in the appropriate place).

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 Number: _____

Name of Emergency Contact: _____ Emergency Contact Phone Number: _____

Parent
Signature: _____

I/We understand and agree to the following regarding enrollment at the Machon Youth Community ("Machon") Programs.

- 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.
- Machon will not be responsible or liable for the transportation of the students to and from TBS or programming.
- Machon will be closed when the safety of the students may be endangered, such as on days of severe storm or dangerous road conditions.
- Machon does not retain medical staff on site.

Payments may be made by cash or check payable to **Temple Beth Sholom**.

Signature _____ Date _____