



## High School Program: 2018 - 2019 MRS and USY Registration Form

Membership Type:			
PLEASE CHECK ONE:	USY	MRS	ALL
B'nai Torah member price:	\$160	\$270	\$325
Non-member price:	\$180	\$300	\$375

### Student Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Mailing address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City: State: ZIP Code: \_\_\_\_\_

Student's Cell phone: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

Grade in September 2018: \_\_\_\_\_ Name of secular school: \_\_\_\_\_

BTC Synagogue Member: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, affiliation: \_\_\_\_\_

Involved with Jewish Youth/Jewish Camp? Which Youth Group/Jewish Camp: \_\_\_\_\_

**We would like to move towards text messaging as a means of communication to our Mirochnick Religious School families.**

I do \_\_\_\_\_ / do not \_\_\_\_\_ give permission for text messaging.

**If the above is not checked permission will be implied.**

### Parent Information

#### Parent 1

**MARITAL STATUS:**  Married  Single  Widowed  Divorced  Other

Name: \_\_\_\_\_  
                     (Last)                      (First)                      (Title)

Work phone: ( ) \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different than student address):  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Parent 2

**MARITAL STATUS:**  Married  Single  Widowed  Divorced  Other

Name: \_\_\_\_\_  
                     (Last)                      (First)                      (Title)

Work phone: ( ) \_\_\_\_\_

Home phone: ( ) \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address (if different than student address):  
 \_\_\_\_\_  
 \_\_\_\_\_

(Turn Over)

The Mirochnick Religious School at B'nai Torah Congregation may photograph or video tape my child(ren) during school hours and post pictures ( with/without names) in synagogue and local newsletter communications, either print or on the internet.

I do \_\_\_\_\_ / do not \_\_\_\_\_ give permission for my child.  
 If the above is not checked permission will be implied.

**MEDICAL INFORMATION AND RELEASE FORM**

Understanding your child’s medical, physical, or psychological needs will help our staff secure your child’s safety, well-being, and productivity in the classroom. Please indicate the applicable conditions below, and elaborate as needed:

Please list current medication with dosage your child is taking:

Medical Concern	Medication Dosage	Medical Concern	Medication Dosage
<input type="checkbox"/> IEP		<input type="checkbox"/> ADH/ADHD	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Learning Disabled	
<input type="checkbox"/> Perceptual Problems		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Visual Problems		<input type="checkbox"/> Speech Problems	
<input type="checkbox"/> Emotional Disturbances		<input type="checkbox"/> Allergies	
<input type="checkbox"/> Other (Please Specify):		<input type="checkbox"/> Other (Please Specify):	

Is there any other information you would like to share with us to help us provide your child with the most rewarding educational experience (Please Print)?

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**\*\*\*In the event of an emergency, surgical or otherwise, if I cannot be reached I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of B'nai Torah Congregation to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child.**

Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parents):**

**NAME (Please Print):** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**RELATIONSHIP (Please Print):** \_\_\_\_\_

**NAME OF CHILD’S PHYSICIAN (emergency only):** \_\_\_\_\_

**TELEPHONE NUMBER OF CHILD’S PHYSICIAN (emergency only):** \_\_\_\_\_

**INSURANCE CARRIER NAME (Please Print):** \_\_\_\_\_

**INSURANCE POLICY #:** \_\_\_\_\_