



## Middle School: 2018 - 2019 MRS and Kadima Registration Form

| RELIGIOUS SCHOOL FEES INCLUDING YOUTH GROUP |                          |                  |         |        |
|---|--------------------------|------------------|---------|--------|
| PLEASE CHECK ONE:                           | Tuition Discount if paid | Sibling Discount | Regular | Kadima |
| <b>GRADE 6 &amp; 7:</b>                     | in full by July 3rd      | 1 per family     | Tuition | Only   |
| B'nai Torah member                          | \$36                     | \$36             | \$950   | \$160  |
| Non-member                                  |                          |                  |         | \$180  |
| <b>GRADE 8:</b>                             |                          |                  |         |        |
| B'nai Torah member                          | FREE                     | FREE             | FREE    | FREE   |
| Non-member (Kadima)                         | ---                      |                  | ---     | \$180  |

### Student Information

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

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

Mailing address: \_\_\_\_\_ City: State: ZIP Code: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Grade in September 2018: \_\_\_\_\_ BTC Synagogue Member: Yes \_\_\_ No \_\_\_ If no, affiliation: \_\_\_\_\_

**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.**

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

### 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"/> | ADD/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)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*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 #:** \_\_\_\_\_