



Kindergarten Grade



at the Mirochnick Religious School

2018-2019 Registration Form for Graduates of The Ruth and Edward Taubman Early Childhood Center (Pre-School Graduates 2018)

Child Information:

Child's Name _____ Hebrew Name _____ Gender: Male ___ Female ___

Date of Birth _____ Elementary School attending **Sept. 2018:** _____

Child's Primary Residence: Both Parents ___ Mother ___ Father ___ other _____
(Please specify)

I am enrolling my child for **Saturday a.m. (9:00-12:00) KGN** _____ or

I am enrolling my child for **Sunday a.m. (9:30-12:30) KGN** _____

Parent Information:

Mother

Father

Name (first, last) _____

Home Address (street) _____

Home Address (city, zip) _____

Email Address _____

Phone # _____
(Home) _____ (Business) _____

Cell # _____

Marital Status: Married ___ Single ___ Separated ___ Divorced ___ Widowed ___

Are you currently a member of B'nai Torah Congregation? Yes ___ No ___

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.

TUITION

BT ECC PRE-SCHOOL GRADUATE
B'nai Torah members

Tuition
Free

Security fee
Free

***ECC B'nai Torah member rate is \$518**

Please indicate if you give permission for your child's photograph/video taken on the school premises and have the photograph/video released to the media for publicity purposes and /or featured on the B'nai Torah website www.btcboca.org on behalf of the Mirochnick Religious School newsletter sent via email to parents and staff.

I do _____ / do not _____ give permission for my child.
If the form is not checked permission will be implied.

(PLEASE TURN OVER)

IMPORTANT INFORMATION AND MEDICAL RELEASE

Knowing about important medical, physical, or psychological needs will help our staff secure your child's well-being, effectiveness and productivity in the classroom, and could be of importance if emergency medical care is required at school. Please indicate if any conditions listed below apply to your child. Please elaborate when necessary.

	Yes	No	Comments
<i>A.D.D.</i>			
<i>A.D.H.D.</i>			
<i>Asthma</i>			
<i>Learning Disabilities</i>			
<i>Perceptual Problems</i>			
<i>Diabetes</i>			
<i>Epilepsy</i>			
<i>Hearing Loss</i>			
<i>Visual problems</i>			
<i>Speech problems</i>			
<i>Emotional Disturbances</i>			
<i>Please list any allergies</i>			
<i>Please list medications (type & dosage)</i>			
<i>Other Please specify</i>			

Emergency Contact Name _____ Phone # _____
(Other than parents)

Relationship to child _____

Physician's Name _____ Physician's Phone # _____

Insurance Carrier _____ Policy # _____

Parental Release for Trips

I hereby give permission for my child to participate in any program at B'nai Torah Congregation. In the event of any emergency, surgical or otherwise, and 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.

B'nai Torah Congregation is hereby released and held harmless from any claim, judgment, award, settlement, or damages to any person or property arising directly or indirectly out of my child's participation in the program or the congregation's selection of a physician, hospital, or any other medical service for my child in a medical emergency, or in connection with the rendering of any such medical treatment.

I/WE UNDERSTAND THAT BY SIGNING THIS REGISTRATION FORM, I/WE AGREE TO PAY ALL TUITION AND FEES AS SET FORTH BY B'NAI TORAH CONGREGATION IN THIS CONTRACT.

Parent's or Guardian's Signature _____ Date _____