



## High School Program: 2019 - 2020 MRS and USY Registration Form

<b>Membership Type:</b>			
<b>Please circle one:</b>	<b>USY</b>	<b>MRS</b>	<b>ALL</b>
<b>B'nai Torah member</b>	<b>\$160</b>	<b>\$270</b>	<b>\$325</b>
<b>Non-member</b>	<b>\$180</b>	<b>\$300</b>	<b>\$375</b>

### Youth 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 2019:** \_\_\_\_\_ **Name of secular school:** \_\_\_\_\_

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

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

**We use 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)?

\_\_\_\_\_

\_\_\_\_\_

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