



## Middle School: 2019 - 2020 MRS and Kadima Registration Form

RELIGIOUS SCHOOL FEES INCLUDING YOUTH GROUP				
PLEASE CIRCLE ONE:	Tuition Discount if paid	Sibling Discount	Regular	Kadima
<b>Grade 6 &amp; 7:</b>	<b>in full by Aug. 30</b>	<b>1 per family</b>	<b>Tuition</b>	<b>Only</b>
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

### Youth 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 2019: \_\_\_\_\_ BTC Synagogue Member: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, affiliation: \_\_\_\_\_

**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.

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