



High School Program Application 2018-2019		
Student Name:	School	Grade 2018-2019:
Address:		New Address?
Home Phone:	Student Cell Phone:	Student Email:
Parent Name(s)	Parent Cell Phone(s)	Parent Email(s):

Do you have any conflicts with Sunday morning attendance? Please list them here:



Students earn community service hours for successful participation in the program.

Additional Opportunities for Teens at Beth Israel Congregation:

- I am interested in helping out with High Holiday children's programming this year.
- I am interested in leading services or reading Torah or Haftarah.
- I am interested in participating in a Service Team Project.

Beth Israel uses photos of synagogue events which are not associated with names or contact information. If you do not wish photos that include you/your family, please call or email the Beth Israel office to opt out.

**High School Program Tuition Fee: \$375
Registration is Due By Wednesday, August 30, 2018**

For Office Use Only:

DATE RECEIVED	CHECK NUMBER	AMOUNT
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High School Program Health Information Form 2018-2019

Parents and Students: It is important that you fill this form out completely so that we can use the information in an emergency.

Please update it during the year, as necessary.

Student Name(s):	Student's Birthdate:
Parent Name(s) :	Parent cell phone numbers:

Policy Holder:	Health Insurance Provider:	Contract/Group Number(s):
Primary Care Physician:	Physician's Address & Phone:	Preferred Hospital:
Dentist:	Dentist's Address & Phone:	Dental Insurance Provider & Contract Number:

EMERGENCY CONTACT INFORMATION IF PARENTS CAN'T BE REACHED:

Full Name:	Relationship to Student(s):	Phone Number(s):
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In the event of a medical emergency, I authorize the staff of Beth Israel Religious School/Programs Department to obtain medical treatment for my child(ren). I understand that I will be contacted as soon as possible. Any physical problems or special directions appropriate to my child have been listed on this form.

Parent/Guardian Signature: _____ Date: _____

HEALTH INFORMATION:

This Information Remains Strictly Confidential.

Does the student have allergies or specific medical conditions? Does the student have specific learning, physical, and/or emotional challenges? If "yes" to either of these questions, please describe them below:

Student's Name:	Conditions/Challenges:	List all medications:
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Field Trip Permission Form 2018-2019

High School Program, Beth Israel Religious School, and Programs Department

I give permission for a Beth Israel Religious School/Programs Department parent, teacher, or staff member to transport my child/children in his or her vehicle. I understand that my child/children must remain seated and properly restrained in a seat belt and follow all rules pertaining to safe transportation (being respectful of the driver and other passengers, keeping body and possessions to self, and keeping noise to a minimum).

(Full Name of Child 1)

(Full Name of Child 2)

(Full Name of Child 3)

I understand that I have the choice as to whether my child will attend the field trip; and, knowing that my child(ren) may be driven by a parent volunteer, teacher, or staff member, I choose to have him/her attend. In consideration of my child(ren)'s right to participate in this field trip, and with knowledge of the risks inherent in the operation of any motor vehicle, I agree that I will hold Beth Israel Religious School/Programs Department and its officers, agents, and employees harmless for any claim or liability which may arise directly or indirectly out of my child(ren)'s transportation to and from this field trip. I also give permission for my child(ren) to go on walking field trips with Beth Israel Religious School/Programs Department.

Parent/Guardian 1 Signature

Date

Parent/Guardian 2 Signature

Date

- I can volunteer to drive students on field trips. I attest that I have a valid driver's license, have current no-fault insurance, have had no more than 2 violations in 3 years or 3 violations in 5 years, have never been arrested for driving under the influence of alcohol or drugs, that children will be properly restrained according to State laws, that I will obey all speed limits and other traffic regulations, that I will not use a cell phone while driving, and that my vehicle is in good working order.

Parent/Guardian Name

Date

Driver's License

State/Number

Vehicle Make, Model, Year, Color

License Plate Number