2013-2014 Temple Beth Sholom
MACHON BETH SHOLOM REGISTRATION FORM

PLEASE WRITE LEGIBLY.

401 Roslyn Road, Roslyn Heights, NY 11577
516 621-2288 x 129
machonbethsholom@tbsroslyn.org

Office Use ONLY
Deposit Received $ _____
Date _____
Staff Signature: _____

Student's Full Name (first/last)	**Date of Birth**
Student's Hebrew Name	**Male/Female**
School Student Attends	**Grade** (as of September 2013)
Home Address—Street-Town/Zip	

Program(s) for which student is registering

STUDY TRACK
- ❒ Monday 6:45—8:30 PM

GIMME 10 SOCIAL ACTION PROGRAM
- ❒ Fall 2013 Semester
- ❒ Spring 2014 Semester

❒ **STEPPING UP TEEN PHILANTHROPY PROJECT**

See reverse for fees.

❒ **UNITED SYNAGOGUE YOUTH MEMBERSHIP 2013-2014**

STUDENT Email: _____@_____

PARENT Emails: _____@_____

_____@_____

Mother's Name	**Mother's Hebrew Name**
Mother's Cell #	**Mother's Business #**
Father's Name	**Father's Hebrew Name**
Father's Cell #	**Father's Business #**
Names & Ages of siblings	

I hereby grant PERMISSION for my child's photo to be shown on the Temple Beth Sholom website or Facebook page without an identifying name. *Please initial in the appropriate place.* _____Yes _____No

CAMP QUESTION: If you are sending your child to camp (day camp or sleep-away) this summer, please indicate name of camp:	*Camp Program:*

continued on next page

MEDICAL INFORMATION/PERMISSION SLIP

I hereby grant permission for my child, _____ to attend any trips in conjunction with the Machon High School and United Synagogue Youth program. I understand that sometimes my child might be traveling in a vehicle of another parent and I grant permission for my child to do so without the presence of an MBS staff member.
If you do NOT wish your child to travel in the vehicle of another parent, please indicate your wishes by initialing here_____.

In case of a medical emergency, I understand that every effort will be made to contact the parent/guardian.
In the event that the staff member is unable to contact a guardian, I hereby authorize the staff to seek treatment for my child.

Please provide any **information about special medical or food concerns** for your child:

_____

_____

EMERGENCY CONTACT INFO

Medical Insurance Company: _____ **Policy #:**_____

In case of an emergency and parents/guardian cannot be reached, please contact:

First/Last Name of Emergency Contact _____**Relationship to child**_____

Home #: _____ **Cell #:** _____

Physician's Name_____ **Physician's #** _____

FEE AGREEMENT– MACHON HIGH SCHOOL PROGRAMS

FEES	TBS MEMBER	NON-MEMBER
Monday Study Track	$500	$650
Gimme Ten	$250 per semester	$450 per semester
Stepping Up—Teen Philanthropy Project	$180	$250
United Synagogue Youth Membership	$ 36 USY only $ 25 if part of another MBS program	$75

Temple Beth Sholom subsidizes the Machon High School budget by nearly 50%.
A non-refundable deposit of $150 is required at time of registration.
The balance of the tuition is to be paid in two parts:
One-half due **September 1st** & Second-half due **December 1st, 2013**.

PLEASE NOTE: REGISTRATION WILL ONLY BE ACCEPTED IF FAMILY IS CURRENT ON ALL TBS FEES FOR YEAR ENDING JUNE 30, 2013

REGISTRATION AGREEMENT:

A non-refundable DEPOSIT OF $150 IS REQUIRED AT TIME OF REGISTRATION.
The balance of the tuition is to be paid in two parts:
First half due **SEPTEMBER 1, 2013** AND Second half due **DECEMBER 1, 2013**

I/We understand and agree to the following regarding enrollment at Temple Beth Sholom's MACHON program ("MACHON")

- MACHON reserves the right to refuse or cancel registration and enrollment at any time for reasons of health, safety or emotional problems that the school deems may endanger the welfare of the children.
- Courses and programs will be offered based on sufficient enrollment.
- MACHON will not be responsible or liable for the transportation of the students to and from MACHON.
- MACHON is not responsible for the students before official arrival to MACHON or after dismissal from MACHON.
- MACHON will be closed when the safety of the students may be endangered, such as on days of severe storm or dangerous road conditions and follow the Roslyn School District school closings.
- MACHON does not retain medical staff on site.
- Placement in an age-appropriate class and choice of teacher shall be made at sole discretion of the School.
- The designated tuition for my child will be made according to the following schedule: Second payment is due on September 1st, 2013 and third payment is due on December 1st, 2013. **Payments may be made by cash, credit card or check payable to TEMPLE BETH SHOLOM**.

SIGNATURE _____ **DATE** _____