



**2017 2018 Temple Beth Sholom
MACHON BETH SHOLOM REGISTRATION FORM**

PLEASE WRITE LEGIBLY.

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



401 Roslyn Road, Roslyn Heights, NY 11577
516 621-2288 x 133
machonbethsholom@tbsroslyn.org

MACHON BETH SHOLOM begins September 11, 2017 and will meet on Monday evenings from 6:30-8:30 pm EARLY BIRD REGISTRATION available through 7/14/17. <p align="center"><i>See reverse for fees.</i></p>	
Student's Full Name (first/last)	Date of Birth
Student's Hebrew Name	Gender
School Student Attends	Grade (as of September 2017)
Home Address—Street-Town/Zip	
STUDENT Email: _____ @ _____ PARENT Emails: _____ @ _____ _____ @ _____	
Student's Cell #	Family Home #
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 TBS social media pages without an identifying name. <i>Please initial in the appropriate place.</i> _____ Yes _____ No	

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:

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 #** _____

EMERGENCY CONTACT INFO

FEE AGREEMENT- MACHON HIGH SCHOOL PROGRAMS

FEES	TBS MEMBER	NON-MEMBER
Early Bird Registration through July 14, 2017	\$475	\$625
Machon Beth Sholom	\$500	\$650
Tuition for Mitzvah Corps with regular Machon	\$600	\$700
Tuition for Mitzvah Corps - stand alone	\$250	\$350
Tuition for Teen Philanthropy Project w/Machon	\$600	\$700
Tuition for Teen Philanthropy Project - stand alone	\$250	\$350

Temple Beth Sholom subsidizes the Machon High School budget by nearly 50%.



REGISTRATION AGREEMENT:

**A non-refundable DEPOSIT OF \$150 IS REQUIRED AT TIME OF REGISTRATION.
The balance of the tuition is to be paid by October 13, 2017**

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.
- **Payments may be made by cash, credit card or check payable to Temple Beth Sholom.**

SIGNATURE _____ **DATE** _____