

**TEMPLE BETH SHOLOM  
MACHON BETH SHOLOM  
401 Roslyn Road  
Roslyn Heights, NY 11577  
(516) 621-2288  
machonbethsholom@tbsroslyn.org**

**2007-2008 Registration Form**

Child's Name \_\_\_\_\_ M/F \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade in School As of Sept. 2007 \_\_\_\_\_ Child's Hebrew Name \_\_\_\_\_ Synagogue Affiliation \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Student Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_\_ No I hereby grant permission for my child's photo to be put on the Temple Beth Sholom website without any identifying name (please initial in the appropriate place).

**Medical Information/Permission Slip**

I hereby grant permission for my child \_\_\_\_\_ to attend any trips in conjunction with the Machon Beth Sholom 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:

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Name Of Parent: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**AGREEMENT**

<u>HEBREW HIGH SCHOOL FEES</u>	<u>TBS MEMBER</u>	<u>NON-MEMBER</u>
Grades 8-10 (Sunday AM/Mon. PM)	\$690	\$1095
Grades 11-12 (Mon. PM)	\$375	\$785

**A non-refundable deposit of \$150 is required at time of registration.  
All tuition must be paid in full by December 1, 2007.**

I/We understand and agree to the following regarding enrollment at Temple Beth Sholom's Machon Beth Sholom Hebrew High School ("the School").

- o The School 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.
- o The School will not be responsible or liable for the transportation of the students to and from Hebrew High School.
- o The School is not responsible for the students before official arrival to the School or after dismissal from the School.
- o The School will be closed when the safety of the students may be endangered, such as on days of severe storm or dangerous road conditions.
- o The School does not retain medical staff on site.
- o Placement in an age-appropriate class and choice of teacher shall be made at the sole discretion of the School.
- o The designated tuition for my child will be made according to the following schedule:
  - o First payment of \$150 is due at time of registration
  - o Second payment is due on October 1, 2007
  - o Third payment is due on December 1, 2007

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

**Please be aware that Temple Beth Sholom subsidizes the  
Machon Beth Sholom budget in excess of 50%.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**[OFFICE USE ONLY]**

Deposit Received	\$ _____
Date	_____
Staff Signature	_____