



ADATH JESHURUN CONGREGATION
 Moe and Esther Sabes Campus
 10500 Hillside Lane West
 Minnetonka, MN 55305
 952.545.2424 • www.adathjeshurun.org

עדת ישורון

1 B'YACHAD 2010 - 2011 REGISTRATION FORM

Please complete a separate application for each child.

Insert
Photo of Child
Here

NAME OF CHILD: _____ HEBREW NAME: _____

BIRTHDATE: _____ ENTERING GRADE: _____ M/F _____

PARENT/GUARDIAN NAME

PARENT/GUARDIAN NAME

ADDRESS (if 2 different addresses)

ADDRESS (if 2 different addresses)

CITY _____ ZIP _____

CITY _____ ZIP _____

HOME PHONE _____

HOME PHONE _____

CELL PHONE/PAGER _____

CELL PHONE/PAGER _____

E-MAIL: _____

E-MAIL: _____

If any other person will be regularly driving your child to/from B'Yachad, or if your child lives in two homes, please attach a signed note outlining Sunday drop-off and pick-up arrangements.

The **CONFIDENTIAL MEDICAL FORM** & the **EMERGENCY CONTACT FORMS** are required for enrollment. To discuss your child's special needs, dietary concerns, or medical issues, please contact Rabbi Lilly Kaufman: direct phone line (952) 215-3922, email rabbikaufman@adath.net.



TUITION SCHEDULE:

REGISTRATION: **August 2, 2010**

MEMBER: \$390.00

FIRST DAY OF B'YACHAD: **October 3, 2010**

NON MEMBER: \$475.00

In the event of financial hardship, please contact Rabbi Kaufman.

We accept a check, VISA or MasterCard payment for your child's tuition. Please write the credit card number and the expiration date below and print the name on the card. A 2.5% processing fee will be applied to all credit card transactions. We are unable to accept American Express or Discover.

NAME ON CARD (PLEASE PRINT) _____

VISA/MASTERCARD NUMBER _____ EXP. DATE _____



PLEASE ENROLL MY CHILD IN THE 2010-2011 B'YACHAD PROGRAM.

ENCLOSED PLEASE FIND TUITION IN THE AMOUNT OF \$_____.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

For Office Use Only:

Tuition received: _____

Emergency Contact Form received: _____

Confidential Medical Profile received: _____

Permission Form received: _____

Please return your application and full payment via e-mail to Byachad@adath.net; or via FAX to 952.215.3917; or via regular mail to Tobi Cooper at Adath 10500 Hillside Lane West, Minnetonka, MN 55305 Adath Education Office phone: (952) 545-8694



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B'YACHAD 2010 - 2011 EMERGENCY CONTACT FORM

We cannot enroll your child until we receive this form.

NAME OF CHILD _____ BIRTHDATE _____ ENTERING GRADE _____

PARENT OR GUARDIAN _____ Relationship to Child _____
 Work # _____ Home # _____ Cellular # _____

PARENT OR GUARDIAN _____ Relationship to Child _____
 Work # _____ Home # _____ Cellular # _____

FAMILY PHYSICIAN _____ Phone _____

NAME & ADDRESS OF PRACTICE _____

FAMILY DENTIST _____ Phone _____

NAME & ADDRESS OF PRACTICE _____

Please list two (2) people whom you authorize to assume temporary responsibility for your child if you cannot be reached in an emergency. These people MUST be able to drive and be willing to come if called.

1) Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship to Child _____

2) Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship to Child _____

I _____ give my permission to the staff of B'YACHAD to take whatever emergency (i.e. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child _____ while under the supervision of B'Yachad staff. In case of a medical emergency, I understand that my child will be transported to Methodist Hospital by the local emergency unit for treatment, if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parent. I understand that in some medical situations the staff will need to contact the local emergency resources before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ **Date** _____



3 B'YACHAD CONFIDENTIAL MEDICAL PROFILE

If at any time, your child's diagnosis or treatment plan changes, please provide a new completed form.

We cannot enroll your child until we receive this form.

1) Please check all that apply to your child.

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Asperger's/Autism/PDD | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Asthma | <input type="checkbox"/> Oppositional Defiant Disorder |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional/Behavioral Disorder |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Speech/Language Disability | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Other | | |

If yes, please provide specifics.

2) Does your child take medication? If yes, please provide names of medication(s) and the times administered.

3) Does your child have an Individualized Education Plan (IEP), 504 Plan, OHD - Other Health Disability Plan, or educational plan from the public school district? Yes No

4) Does your child have a private school education plan providing modifications? Yes No

If you have answered 'yes' to questions 3 or 4, please attach a copy of your child's current educational plan (IEP, 504 or OHD) to this form.

5) Are you currently in the referral or pre-referral process with your child's school? Yes No
 If yes, please provide specifics.

6) Does your child receive support services in or out of their school day: special education/resource support, paraprofessional, one-to-one aide, private therapist, private tutor? Yes No
 If yes, please provide specifics.

8) Other information regarding your child's health or education that is important for us to know.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature _____ Date _____



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4 B'YACHAD 2010-2011 PERMISSION FORM

NAME OF CHILD _____

GRADE _____

OUTDOOR AND OFF-SITE ACTIVITIES

I give my permission to the staff of **B'YACHAD** to take my child _____ on supervised neighborhood walking trips.

I give my permission to the staff of **B'YACHAD** to take my child _____ on supervised field trips that require public or private transportation. I understand that I will be notified of the date and times of such trips.

PUBLICITY ACTIVITIES AND PHOTOS

I give my permission to the staff of **B'YACHAD** to have my child, _____ participate in publicity activities at the school. I understand that I will be notified of the date and time of such activities.

I give my permission to the staff of **B'YACHAD** to record, use and reproduce photographic images of my child _____ in its newsletters, catalogs, brochures, advertisements, website and other advertising and promotional materials and publications. I further agree that **B'YACHAD** will own all rights, including copyrights, title, and interest in and to the materials, to be used and disposed of without limitation as **B'YACHAD** in its sole discretion, may determine.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____