

B'NAI MOSHE LIFE 2016-2017 REGISTRATION FORM (INCLUDES BOOKS AND MATERIALS)

<u>Child's Name</u>	<u>Child's Hebrew Name</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parents/Guardians: _____

Address: _____ City _____ Zip _____

Phone: (home) _____ (Cell) _____ (Work) _____

Parent 1/Guardian e-mail _____ Parent 2/Guardian e-mail _____

GRADE	TUITION
Kindergarten - Saturday only	Free
1 st through 5 th - Tuesday & Saturday	\$1150
6 th and 7 th - Tuesday & Saturday	\$1400
8 th through 12 th – Saturday Only	\$275
Hillel Day School Students - Shabbat Only	Free

- Multi-child discount: Beginning with the **third** child enrolled in Grades 1 – 8, there is 10% discount* on the lesser tuition amount provided the first two students in Grades 1 – 8 are at full tuition.
- A non-refundable \$125 per child deposit must be returned with this application.
- **Tuition for Grades 1 – 7 will be discounted by \$50 per child if Registration Form is submitted by July 31, 2016.**

STUDENT ENROLLMENT

Number of children in Grade K: _____ @ Free	=	Tuition: \$ _____
Number of children in Grades 1 – 5: _____ @ \$1150	=	Tuition: \$ _____
Number of children in Grades 6 – 7: _____ @ \$1400	=	Tuition: \$ _____
Number of children in Grades 8 – 12: _____ @ \$275	=	Tuition: \$ _____
Snack Fee (required for all but Grade K) _____ @ \$25	=	Snack: \$ _____
Total		\$ _____
\$125 Deposit Per Child		\$ (_____)
\$50 Discount Per Child for Registration by July 31, 2016		\$ (_____)
Multi-Child 10% Discount*		\$ (_____)
Total Remaining Balance		\$ _____

TERMS OF ENROLLMENT

Any outstanding tuition balance from previous school years must be paid in full before the 2016/2017 Registration Form can be processed. If you have any questions please call B'nai Moshe Executive Director, Steven Fine, at 248-788-0600.

A non-refundable deposit of \$125 per child is required at the time of registration. The full tuition will be due by May 1, 2017. With the exception of relocation of the family, no refunds will be made after the third class session.

PHOTO CONSENT

I hereby consent to the taking of photographs, movies or video tapes of the Student(s) named above by. I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Congregation B'nai Moshe and its employees from all claims, demands, and liabilities whatsoever in connection with the above.

- I give my consent I do not give my consent

PARENT or GUARDIAN Signature: _____ Date: _____

PAYMENT OPTIONS

You **must** select one of the following options:

- Option 1 Tuition paid in full by September 1, 2016.
 Option 2 4 equal credit card payments on balance due to be made on 9/1/16, 12/1/16, 2/1/17, 4/1/17.
 Option 3 9 equal credit card payments on balance due on the 1st of each month Sept. 2016 - May 2017.

METHOD OF PAYMENT

- Check enclosed
 Visa MasterCard American Express Discover

Credit Card Number _____ Exp. Date: _____

Security Code: _____

Signature: _____

All terms of the Registration Form must be completed in full for application to be valid.

HEALTH HISTORY AND MEDICAL INFORMATION FORM

This information is gathered to assist us in emergency situations. Please understand the more information we have the better able we are to ensure a safe and healthy school. This form is to be completed by a parent/guardian. We are required to obtain this information every year. Please complete one (1) Health and Medical Information Form per child. Thank you for your cooperation.

Student Name: _____ Date of Birth: _____

Name of Person(s) to Whom Student May be Released:

1. _____ 2. _____ 3. _____

EMERGENCY CONTACT INFORMATION:

If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name: _____ Relationship: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

INSURANCE INFORMATION:

Is the student covered by family medical/hospital insurance plan? Yes No

If so, indicate carrier/plan name: _____

Group #: _____

Name of Insured: _____ Relationship to Student: _____

PARENT/ GUARDIAN AUTHORIZATION:

The person herein described has permission to engage in all school activities except as noted. I hereby give permission to the school to provide routine first aid (band aids, etc.) and to seek emergency medical treatment should it become necessary. I am aware that Congregation B'nai Moshe will not provide my child prescribed medications. I agree to release any records necessary for insurance purposes. I give permission to the school to arrange necessary emergency related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the school and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

ALLERGIES

MEDICATION ALLERGIES: (amoxicillin, penicillin, sulfa, etc.)

FOOD ALLERGIES: (eggs, nuts, wheat etc.)

OTHER ALLERGIES: (dust, hay fever, insect stings, mold, etc.)

GENERAL QUESTIONS – Please indicate if the student currently has or has had the following medical conditions:

MEDICAL CONDITIONS	YES	NO
Any recent injury, illness or infectious disease		
Chronic or recurring illness/condition		
Wear glasses, contact lenses or protective eyewear		
Hearing difficulty or ear problems		
Chronic nosebleeds		
Seizures/Convulsions		
Back Problems		
An orthodontic appliance being brought to school		
Diabetes		
Asthma		
Diagnosed with ADD or ADHD		
Learning difficulties or speech difficulties		

Please explain any "YES" answers from above:
