

שופר KOL SHOFAR

Kol Shofar Youth Enrollment Form 2018-19

Student 1

I am enrolling my child in (check the appropriate box):

USY (9th-12th grade) Kadimah (6th-8th) Z'man Keif (K-5)

First Name	Last Name	Applying for Grade
_____	_____	_____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		Secular School

Members of Kol Shofar	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Student 2 (if applicable)

I am enrolling my child in (check the appropriate box):

USY (9th-12th grade) Kadimah (6th-8th) Z'man Keif (K-5)

First Name	Last Name	Applying for Grade
_____	_____	_____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth		Secular School

Members of Kol Shofar	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent / Legal Guardian 1

Mr. Ms. Mrs. Dr.

First and Last Name

Relationship to child

Home Address

City, State, Zip

() _____ / () _____

Phone # / Business Phone

Email Address

Parent / Legal Guardian 2

Mr. Ms. Mrs. Dr.

First and Last Name

Relationship to child

Home Address

City, State, Zip

() _____ / () _____

Phone # / Business Phone

Email Address

Student 1 Medical History

Life Sustaining Medication: _____

Medical Conditions (e.g., Life-threatening disease/allergies to medication or food)_____

Medical Insurance:_____ ID # _____

Doctor _____ Phone # (____) _____

Date of Last Tetanus Shot _____

Student 2 Medical History

Life Sustaining Medication: _____

Medical Conditions (e.g., Life-threatening disease/allergies to medication or food)_____

Medical Insurance:_____ ID # _____

Doctor _____ Phone # (____) _____

Date of Last Tetanus Shot _____

Dietary Needs:

Kol Shofar adheres to the rules of Kashrut, as deemed by our Senior Rabbi.

Student 1 Food Allergies _____

Vegetarian __ Yes __ No

Student 2 Food Allergies _____

Vegetarian __ Yes __ No

Enrollment and Responsibility Agreement:

By signing this Enrollment Agreement I am acknowledging and agreeing to the following

1. I/We understand that my/our child/children may not attend Kol Shofar youth program events unless I/we have paid the full amount of the non-refundable youth membership dues required for my/our child/children's grade level(s). Should I/we need assistance with membership dues it is my/our responsibility to contact the Kol Shofar Administration to set up the terms and conditions of my/our payment plan.
2. I/We understand that Kol Shofar will enforce a behavior management policy for youth group activities and events, and that all students are required to adhere to the same school and classroom policies as stipulated in the Kol Shofar responsibility agreement as detailed in the Parent/Student Guide. I/We understand that serious infractions such as, but not limited to, stealing, fighting, possession of contraband on campus (weapons, drugs or alcohol), willful destruction of synagogue or event property, and/or bullying (including sexual harassment) will result in an immediate removal from the youth program without refund of tuition.

I/We have read, understand and agree to be bound by this enrollment agreement for myself/ourselves and on behalf of my/our child/children.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Release Information

Medical Emergency Release:

In the event of a medical emergency, in accordance with the Kol Shofar emergency procedure, I/we, the undersigned parent(s) or legal guardians of _____, a minor(s), do hereby release the appropriate personnel of Kol Shofar to either administer first aid OR release the child/ren to an emergency hospital or disaster center for further treatment, as they deem necessary. Furthermore, I/we authorize appropriate care this child to be rendered by a duly licensed physician, surgeon, dentist and/or other medical profession. This care may be given under whatever conditions are necessary to preserve the health and safety of the child. I/We further agree to pay all charges that care and/or treatment. It is understood that if time and circumstances reasonably permit, Kol Shofar personnel will try, but are not required, to communicate with me/us prior to such treatment.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

Pick Up Release:

In accordance with Kol Shofar emergency procedures, you are authorized to release my child/ren to the following (when possible, list below contacts that are located within close proximity to Kol Shofar):

Name/Relationship	Phone
_____	() _____
_____	() _____
_____	() _____
Out of State Contact/Relationship	() _____

Photo/Audio/Video/Website Release:

I give permission for photographers, slides, video, or audio recordings to be taken of my child/ren to be used for the Kol Shofar calendar, website, public relations purposes and the promotion of Kol Shofar Youth Groups. I understand that none of the above may be used by the mass media for newspaper or television stories without my consent for usage.

Parent/Guardian Signature: _____ Date: _____

Field Trip Release:

I give permission and consent to Kol Shofar and its employees to take my child/ren on field trips as part of the normal youth group activities and, to the extent possible, absolve Kol Shofar and its employees and agents from any liability for personal injury to my child or property damage, except for injuries resulting from gross negligence of Kol Shofar's employees or agents.

I understand that for all field trips that require transportation, I will receive a permission slip. Unless I have signed the permission slip, my child will not be permitted to go on the field trip.

Parent/Guardian Signature: _____ Date: _____

Kol Shofar Youth Enrollment Form

At Kol Shofar, we encourage all participants to become members in order to take advantage of the full range of programming we have to offer.

If you would like to have a conversation about membership, dues and/or benefits, please contact our administrative office at (415) 388-1818 or email Jessie: psteinberg@kolshofar.org

Tuition Fee Structure (check all that apply, up to 2 students on this form).

	<u>Student 1</u>	<u>Student 2</u>
USY (MUSY) Membership:	<input type="checkbox"/> \$ 40 CKS members <input type="checkbox"/> \$ 70 non-members	<input type="checkbox"/> \$ 40 CKS members <input type="checkbox"/> \$ 70 non-members
Kadimah Membership	<input type="checkbox"/> \$ 30 CKS members <input type="checkbox"/> \$ 50 non-members	<input type="checkbox"/> \$ 30 CKS members <input type="checkbox"/> \$ 50 non-members
Z'man Keif	<input type="checkbox"/> \$ 20 CKS members <input type="checkbox"/> \$ 30 non-members	<input type="checkbox"/> \$ 20 CKS members <input type="checkbox"/> \$ 30 non-members

Please accept my additional contribution to Kol Shofar Youth Programming: \$ _____

Total Amount Enclosed: \$ _____

Method of Payment: Credit Card Check (made out to Kol Shofar)

Name on Credit Card _____ Expires: _____

Visa AMEX Mastercard

CVV _____ (3-digit # printed on the back of the Visa/MC or 4-digit # found on front of AMEX)

Phone: () _____

Card Billing Address: _____ Zip Code: _____

Signature: _____ Date: _____