

COMMUNITY MIDRASHA

www.communitymidrasha.org

2008 -2009 REGISTRATION FORM

STUDENT'S FULL NAME: _____ DATE OF BIRTH: _____

GRADE IN SCHOOL (Fall '08): _____ GRADE IN RELIGIOUS SCHOOL (Fall '08): _____

NAME OF SCHOOL _____

STUDENT'S E-MAIL: _____

STUDENT'S CELL: _____

AFFILIATION: Beth El Judea Reform Chapel Hill Kehillah Unaffiliated Other (please specify) _____

PARENT 1: _____ **PARENT 2:** _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ ZIP: _____ CITY: _____ ZIP: _____

PHONE (H): _____ PHONE (H): _____

(W): _____ (W): _____

(CELL): _____ (CELL) _____

Are you willing to volunteer (teaching, bringing snacks, photography, driving, other skills)? _____
(please specify)

E-mail (expect e-mail at each address listed): E-mail (expect e-mail at each address listed):

EMERGENCY CONTACTS (other than parents): please supply name, relationship and contact information

1 _____
2 _____

Any medical problems, learning/behavioral challenges, handicaps, dietary restrictions, medications or other special considerations of which we should be aware? _____ (If yes, please explain on reverse side of this sheet.)

Yearly tuition: \$375/student for members of subsidizing congregations
(Beth El & Judea Reform) or \$475/student for others.

\$ _____

Additional Fee for Intensive Hebrew - \$150

\$ _____

Contribution to defray cost of 28 Sunday Dinners (suggested: \$72)

\$ _____

Tax-deductible donation to Community Midrasha:

\$ _____

Subtotal: \$ _____

Early Registration Discount: Paid in full by 7/1 - \$25/student \$ - _____

Total enclosed: \$ _____

Make Check Payable to COMMUNITY MIDRASHA and mail check and forms to:

Community Midrasha REGISTRATION • 1933 W. Cornwallis Road • Durham, NC 27705

For more information contact Matt Diamond at director@communitymidrasha.org

Web: Office Use Only: Date: _____ Check #: _____ Amount: _____

(OVER)

COMMUNITY MIDRASHA PERMISSIONS

For 2008-2009 School Year

Local Field Trip

I give my permission for

_____ to participate in local field trips with Community Midrasha during the 2008-2009 school year.

I understand that these will be day trips and involve transportation in private automobiles, buses, or vans. Community Midrasha staff will notify me/us in advance regarding any local field trips.

It is also understood that in the event of behavior unacceptable to the staff and/or parent volunteers, parents will be notified and the student must be picked up or will be sent home at the parents' expense.

Signature of Parent/Guardian Date Signed

Photo/Image Release and Permission

I, _____,
Parent or guardian

hereby give permission to Community Midrasha that any photographs and/or videos taken of my child(ren) _____

Name of student(s)

during Community Midrasha events may be used for promotional advertising.

I understand that neither students nor parents shall receive any compensation for the use of the photographs.

Signature of parent/guardian

Date

Signature of student(s)

Date

PLEASE RETURN TO:
COMMUNITY MIDRASHA
1933 W. Cornwallis Road
Durham, NC 27705