

COMMUNITY MIDRASHA
www.communitymidrasha.org
2009 -2010 REGISTRATION FORM

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ GRADE IN SCHOOL/RELIGIOUS SCHOOL(Fall '09): _____

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) _____

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

May we include parent contact info (address, home phone, email) in a Midrasha directory? _____

May we include student contact info (address, home phone, email) in a Midrasha directory? _____

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

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 \$ 375

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

Tax-deductible donation to Community Midrasha: \$ _____

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

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

(OVER)

COMMUNITY MIDRASHA PERMISSIONS For 2009-2010 School Year

Local Field Trip

I give my permission for _____ to participate in local field trips with Community Midrasha during the 2009-2010 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