



## JEWISH YOUTH ENCOUNTER PROGRAM APPLICATION

**General Program (Gr. K-6); Bnei Mitzvah Junior Philanthropy Project (Gr. 7); The Jewish Lens (Gr. 8); The New York Jewish Experience (Gr. 9 and up)**

Student(s) Name(s) (Last) \_\_\_\_\_

1) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

2) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

3) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

SCHOOL: \_\_\_\_\_

**Home Address** (to receive all JYEP mailings): \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If a parent of child/children resides at another address, please indicate below:

Name of Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are there any special circumstances regarding religious or family status (e.g. conversion, inter-faith family, adoption, single-parent family, etc.) that would be helpful for us to know about? If yes, please describe them or indicate that you would like to speak with a Rabbi:

Does your child have any learning differences that we should be aware of? If yes, please describe them here (or on the back of this page), or indicate that you would like to speak with a Rabbi:

# MEDICAL FORM

Name of Child (Last): \_\_\_\_\_ (First) \_\_\_\_\_  
(First) \_\_\_\_\_  
(First) \_\_\_\_\_

In case of injury or illness of a child, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian.

If injury or illness is mild, give child first aid? Yes \_\_\_\_\_ No \_\_\_\_\_

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist to be contacted?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

If you cannot be reached in case of emergency, please provide two contacts:

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate any specific conditions experienced by your child/children that would help us assist them in an emergency:

Vision \_\_\_\_\_ Special \_\_\_\_\_ Hearing \_\_\_\_\_ Allergy \_\_\_\_\_ Educational \_\_\_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child/children. I understand that I will be contacted immediately, as well my physician.

\_\_\_\_\_  
Parent's name (Please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# Beit Midrash/Study Hall Tutor Match Form

**For Grades 4 to 8 ~ Sundays 9:30am-10:30am**

We recognize the learning differences of each of our talented students and therefore, as an integral part of our regular program, we create time for one-on-one learning outside of the classroom. We arrange for your child to be paired one-on-one with a peer tutor once a week. This hour each Sunday is dedicated to developing their Hebrew reading skills and eventually prepare for your child's Bar/Bat Mitzvah. Our peer tutors may be local high school students or adults in the community.

Parents are expected to pay high school tutors directly each week \$15 per lesson. Adult tutors charge between \$25 and \$50 per lesson and have significant educational experience to share with their student. Please express your preference for either a high school student or adult educator.

Child's Name (Last): \_\_\_\_\_ (First) \_\_\_\_\_ Grade: \_\_\_\_\_

(First) \_\_\_\_\_ Grade: \_\_\_\_\_

(First) \_\_\_\_\_ Grade: \_\_\_\_\_

Tutor preference \_\_\_\_\_

If you'll be staying with your current tutor, or if you've already been matched with one, please remind us.

Name of Sibling: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Parents, please note that if you need to cancel a tutor session, you must contact the tutor directly, at least 24 hours in advance. Both tutors and parents are given 2 unexpected cancellations during the year without penalty. Subsequent absences will result in appropriate compensation from either the tutor or parent.**

# REGISTRATION AND FEES FORM

(Please indicate number of children)

## GRADES K-10 Annual Fees

\_\_\_\_\_ Sunday classes for grades 4-7 from 9:30am -11:15am (\$225 per child)

\_\_\_\_\_ Sunday classes for grades K-3 from 10:00am -11:15am (\$225 per child)

\_\_\_\_\_ Monthly classes for “The New York Jewish Experience” grades 9 and up (\$225 per child)

Print Your Name: \_\_\_\_\_ Your Total Fee: \_\_\_\_\_

\_\_\_\_\_ I am enclosing my full tuition and transportation payment by check.

\_\_\_\_\_ I am endorsing my full tuition and transportation payment by credit card (fill out below).

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### HEBREW INSTITUTE OF RIVERDALE – THE BAYIT

#### CREDIT CARD AUTHORIZATION FORM

*We can accept only VISA or MasterCard*

I hereby authorize the Hebrew Institute of Riverdale  
to charge \$ \_\_\_\_\_ to my credit card account set forth below:

Circle One:    Visa    MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

*All JYEP families who are not yet members of the Hebrew Institute of Riverdale are entitled to free membership while your child is a student in the JYEP. Please feel free to contact Rabbi Andy with any questions you may have at 718-796-4730.*

## **WAIVER OF LIABILITY FOR “NEW YORK JEWISH EXPERIENCE”**

### **SPONSORED BY THE HEBREW INSTITUTE OF RIVERDALE**

I understand that participation in the “New York Jewish Experience” trips during the JYEP school year of 2009-10 is voluntary. Therefore, any loss or injury suffered by me or to my property because of my participation in any activity or use of equipment or facilities during this field trip, whether sponsored or unsponsored, formal or informal, or shared or alone, is my sole responsibility. The Hebrew Institute of Riverdale, its Board of Directors, the field trip leader (s), and the field trip coordinator (s) will not be held liable for any such loss or damage to my person or property.

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I have read the above agreement, understand and accept its terms and consequences, and freely, voluntarily, and knowingly sign this waiver.

**PRINT** Name of participant: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**SIGNATURE** of participant

(or parent or guardian): \_\_\_\_\_

(A parent or guardian **MUST SIGN** for a participant who has not attained the age of legal majority.)

Optional: Name and Phone of Contact Person \_\_\_\_\_