



**JEWISH YOUTH ENCOUNTER PROGRAM AT THE HEBREW INSTITUTE OF RIVERDALE**

3700 Henry Hudson Parkway Bronx, NY 10463 Phone: 718-796-4730 ext. 124 E-mail: JYEProgram@gmail.com

## JEWISH YOUTH ENCOUNTER PROGRAM APPLICATION 2011-2012

General Program (Gr. K-6); Bnei Mitzvah (Gr. 7); Special Programming (Gr. 8 and up); Wednesday Programming (Gr. 4-7)

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 # \_\_\_\_\_

Email Address (to receive all JYEP electronic mailings): \_\_\_\_\_

Preferred means of contact (Check one): ☐ Phone ☐ Email ☐ Postal Mail

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 6 and 7 ~ Wednesday 5:00pm-6:00pm**

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 both inside and outside of the classroom. We arrange for your child to be paired one-on-one with a tutor once a week. This hour each Wednesday is dedicated to developing their Hebrew reading skills and preparing for your child's Bar/Bat Mitzvah. Our tutors are adults in the community and from neighboring communities.

Parents are expected to pay tutors directly each week \$55 per lesson. Our tutors have significant educational experience to share with their student.

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-12 Annual Fees

\_\_\_\_\_ Sunday classes for grades 4 and up from 9:30am -12:00pm (\$500 per child)

\_\_\_\_\_ Sunday classes for grades K-3 from 9:30am -11:00am (\$500 per child)

\_\_\_\_\_ Wednesday classes for grades 4-7 from 4:00pm -6:00pm (\$250 per child)

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

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

\_\_\_\_\_ I am endorsing my full tuition 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 membership, including discounts while your child is a student in the JYEP. Please feel free to contact Rabbi Aaron Braun with any questions you may have at 718-796-4730.*



## **PHOTOGRAPHS CONSENT, WAIVER, AND RELEASE**

I CONSENT AND GIVE PERMISSION TO THE Jewish Youth Encounter Program at the Hebrew Institute of Riverdale to photograph my child in connection with classroom and educational activities. I understand that any such photographs, and all rights associated with them, will belong solely and exclusively to the JYE Program, which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet.

I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, the JYE Program, its Rabbis, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use.

**I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS  
CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND  
VOLUNTARILY.**

Printed Children's Names (First, Last) \_\_\_\_\_

Printed Parent Name (First, Last) \_\_\_\_\_

Parental Signature \_\_\_\_\_ Date \_\_\_\_\_