

CHABAD TEEN SCENE

A JEWISH TEEN EXPERIENCE FOR TEENS BY TEENS

Chabad Teen Scene
Chabad of Bradenton – School Year 2009-10
Registration

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Registration Application

Please fill this out and return it with your tuition, registration and book fees.

PLEASE PRINT CLEARLY.

General Information:

_____	_____	_____
Child's Last Name	Child's First Name (Legal)	Child's Hebrew Name
_____	_____	_____
Child's Preferred Name	Birth Date: English	Birth Date: Hebrew
_____	_____	_____
Child's E-mail Address		Home Phone Number
_____		_____
Home Address		Parent's E-mail Address
_____		_____

Religious and Educational History:

Does your child read basic Hebrew? None Somewhat Well

Does your child have any difficulty with his general studies? _____

Are there any adoptions in your family (children, parents or grandparents)? _____

Have you or your spouse, parents, grandparents or children ever converted to Judaism? _____

Contact Information:

Father:

_____	_____	_____
Last Name	First Name	Hebrew Name
_____	_____	_____
Work Telephone	Other Telephone	Occupation
_____	_____	_____
Name of Work	Address of Work	

Mother:

_____	_____	_____
Last Name	First Name	Hebrew Name
_____	_____	_____
Work Telephone	Other Telephone	Occupation
_____	_____	_____
Name of Work	Address of Work	

Emergency Contact Person: *(other than parent/guardian)*

_____	_____	_____
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Last Name _____ First Name _____ Relationship to Child _____
Daytime Telephone _____ Address _____

Authorized Persons To Pick Up Your Child: *(other than parents/guardians)*

Last Name _____ First Name _____ Daytime Telephone Number _____
Address _____ Evening Telephone Number _____

Last Name _____ First Name _____ Daytime Telephone Number _____
Address _____ Evening Telephone Number _____

Method of Payment:

- Payment in Full** **Three installments**

_____ # 1: **Payment in Full. (\$425 Tuition. \$75 Registration & Book Fee. \$65 Trip Fee)**

_____ # 2: **Three-Payment Option**

I, _____, do hereby state that I will pay _____'s
Torah For Teens tuition of \$490.00 to Chabad of Bradenton in three equal payments of \$163.33.
The first payment will be paid with registration, and each payment following will be paid on or by December 2009 and
March 2010.

Signature of Payee _____ Date _____

Medical Information:

Child's Physician _____ Physician's Telephone _____

Physician's Office Address _____

Insurance Company Covering the Child _____ Policy Number _____ Expiration Date _____

Please list below any psychological or medical conditions, medications currently being taken, dietary requirements, allergies (include allergies to medications), etc. pertaining to your child.

I hereby give permission, in the event of an emergency, for the Director, the Acting Director, or the Teacher at Chabad of Bradenton to take whatever steps may be necessary for the medical care of my child, _____. I understand that in order for Chabad of Bradenton to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/Guardian will be called.

Note: *If the parent/guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.*

2. Child's physician will be called.

3. If these efforts are unsuccessful the following steps will be taken (order may vary depending on the situation):

a. Another physician will be called.

b. The child will be taken to the nearest emergency room accompanied by a staff member.

c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Chabad staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance.

I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

Parent/Guardian's Signature

Printed Name of Parent/Guardian

Date

Trip Permission Slip

I hereby allow my child _____ to attend any and all field trips taking place on Sundays from September 6 to May 23 as part of the Teen Scene program.

Parent/Guardian's Signature

Printed Name of Parent/Guardian

Date