



VBS Youth Enrollment Form 2018-2019

I am enrolling my child in (check all that apply):

☐ USY

☐ Teen Tuesdays

☐ Moving Traditions

☐ Youth Programs

STUDENT

First Name Last Name Grade (Fall 2017)

Date of Birth Male/Female Primary School

()

☐ Will accept text

Email Address

Cell Phone

Child Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other
Parents are: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Members of Valley Beth Shalom ☐ Yes ☐ No

PARENT/LEGAL GUARDIAN 1

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

First and Last Name

Relationship to Child

Home Address

City, State, Zip

()

Home Phone

()

Cell Phone

Email Address

☐ Yes, I would like to be involved in the Youth Advisory Commission to help support and guide teen programming at Valley Beth Shalom.

PARENT/LEGAL GUARDIAN 2

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr.

First and Last Name

Relationship to Child

Home Address

City, State, Zip

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Home Phone

()

Cell Phone

Email Address

☐ Yes, I would like to be involved in the Youth Advisory Commission to help support and guide teen programming at Valley Beth Shalom.

ENROLLMENT AND RESPONSIBILITY AGREEMENT

By signing this Enrollment Agreement I am acknowledging and agreeing to the following:

1. I/We understand that my/our child may not attend VBS Youth programs unless I/we have paid the full amount of tuition required or have established and am/are current with an automated credit card payment plan. Should I/we need assistance with tuition it is my/our responsibility to contact the Valley Beth Shalom Administrative Office to set up the terms and conditions of my/our payment plan.
2. I/We understand that Valley Beth Shalom will enforce a behavior management policy. I/we understand that serious infractions such as, but not limited to, stealing, fighting, possession of contraband on campus (weapons, drugs or alcohol), willful destruction of school property, and/or bullying (including verbal and/or sexual harassment) may result in an immediate removal from class and may result in discipline up to and including dismissal with no refund of payment.

I/We have read, understand and agree to be bound by this enrollment agreement for myself/ourselves and on behalf of my/our child.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

MEDICAL HISTORY

Please list all medications currently being taken: _____

Medical/Psychological Conditions: _____

Allergies to Medication: _____

Medical Insurance: _____ ID # _____

Doctor: _____ Phone: _____

Date of Last Tetanus Shot: _____

DIETARY NEEDS

Valley Beth Shalom only serves certified Kosher food. We ask that no outside food be brought onto the premises.

Dinner for Teen Tuesdays is served weekly 6:00 to 6:30PM and included in the cost of tuition. The menu will be posted in the weekly email newsletter and online. Your child will have the choice to have dinner at VBS or at home.

Food Allergies: _____

Vegetarian? ☐ Yes ☐ No

Should any medical, emergency, or release information (address or phone number) provided in this form change within the duration of the 2017-2018 school year, it is your responsibility to inform the Valley Beth Shalom Youth Department by email to amonson@vbs.org or ckruger@vbs.org.

RELEASE INFORMATION

TRANSPORTATION RELEASE

I give permission and consent to VBS and its employees and agents to take my child on field trips as part of the normal curriculum and, to the extent possible, release Valley Beth Shalom and its employees and agents from any liability for personal injury to my child or property damage, except for injuries resulting from gross negligence of Valley Beth Shalom or their employees or agents.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

MEDICAL/EMERGENCY

In the event of a medical emergency, in accordance with the Valley Beth Shalom emergency procedure, I/we, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby release the appropriate personnel of Valley Beth Shalom to either administer first aid OR release the child to an emergency Hospital, urgent care facility or disaster center, for further treatment, as they deem necessary. Furthermore, I/we authorize appropriate care to be rendered by a duly licensed physician, nurse, surgeon, dentist and/or medical professional. This care may be given under whatever conditions are necessary to preserve the health and safety of the child. I/we further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, VBS personnel will try, but are not required, to communicate with me/us prior to such treatment.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____

PICK UP RELEASE

In accordance with the VBS emergency procedures, you are authorized to release my /our child to the following people (other than the parents/guardians):

Name	Relationship to Child	Phone number

In case of Emergency, please list one in-state and one out-of-state contact:

Name	Relationship to Child	Phone number

PHOTO/AUDIO/VIDEO/WEBSITE RELEASE

I/We give permission for photographs, video or audio recordings to be taken of my child to be used for public relations purposes and the promotion of Valley Beth Shalom on its printed materials, posters, flyers and websites.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____



VBS Youth Enrollment Form 2018-2019

At Valley Beth Shalom we encourage all participants to become members in order to take advantage of the full range of dynamic programming we have to offer.

If you'd like to have a conversation about membership, dues and/or benefits, please contact Gregg Orloff at (818) 530-4085 or gorloff@vbs.org.

Tuition and Fee Structure: (Check all that apply)

VBS USY Membership:

- ☐ \$85 members
☐ \$115 non-members

Teen Tuesdays 8th -12th grade:

- ☐ \$600 members
☐ \$800 non-members

Moving Traditions Annual:

- ☐ \$180 members

Please accept my additional contribution to the VBS Youth Department: \$ _____

Total Amount Enclosed: \$ _____

Method of Payment: ☐ Credit Card ☐ Check (Made out to VBS Youth Department)

Name on Credit Card: _____ Please charge my ☐ Amex ☐ MasterCard ☐ Visa

Card # _____ CVV# _____ (3-digit # printed on the back of Visa/MC or 4-digit # found on front of Amex) Expires: _____

Billing Address: _____ City, State, Zip Code: _____

Signature: _____ Date: _____

Office Use Only:

ACCT _____

YD _____