

## High School Program 2021



**Congregation B'nai Zion**, 805 Cherry Hill Lane, El Paso, TX, 79912  
 Telephone (915)833-2222 Email [info@congregationbnaizion.org](mailto:info@congregationbnaizion.org)

**Temple Mount Sinai**, 4408 N. Stanton, El Paso, TX, 79902  
 Telephone (915) 532-5959 Email [info@templemountsinai.com](mailto:info@templemountsinai.com)



**Parent/Guardian 1:**

Last Name	First Name	M.I.	Home Phone	Cell Phone
E-mail		Employer	Work Phone	
Street		City		Zip

**Parent/Guardian 2:**

Last Name	First Name	M.I.	Home Phone	Cell phone
E-mail		Employer	Work Phone	
Street		City		Zip

If parents are divorced or separated, please complete the following:

Custodial Parent's Name: \_\_\_\_\_  
 Should both parties receive all mailings regarding child(ren)? \_\_\_\_\_

**Tzion tuition suggested contribution (\$100 for each child).**

9th - 12th grade, 1 Sunday a month from 12:00 - 1:30pm (Confirmation at conclusion of three years).  
 (Required for all *Madrichim of TMS*).

**Please complete the following section.**

Child's Name (Last/First/Middle)	Birth Date (MM/DD/YYYY)	Secular School Grade	Student's Email Address and Cell# (To receive weekly email messages as well as event reminders)	Tzion Tuition Contribution \$

## High School Program 2021

### Tuition Payment Methods

\_\_\_\_\_ Enclosed is a Check for full amount \$\_\_\_\_\_ payable to Temple Mount Sinai.

\_\_\_\_\_ I will pay in full by \_\_\_\_\_ VISA \_\_\_\_\_ MASTER CARD \_\_\_\_\_ DISCOVER (All cards subject to 2.5% Fee)

Tuition for this program is \$100 for the spring semester. This program is open to all Jewish high school Freshman, Sophomores and Juniors in the El Paso/Las Cruces area thanks to the generosity of the Jewish Community Foundation of El Paso. Synagogue affiliation is not required. Seniors may register to attend class sessions but will not be eligible for the group trip to Israel.

**Photo Release** I hereby grant to the Tzion Program permission to use my likeness and the likeness of any minor child for whom I am completing this form, in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I further irrevocably authorize Tzion Program to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose provided such use is tasteful and consistent with the values of TMS and CBZ. I waive any right to inspect or approve the finished photo or items containing same wherein my likeness appears, and agree that same may not be and shall not be returned to me. I acknowledge that any copyright associated with a photo shall belong to TMS and CBZ.

\_\_\_\_\_  
Signature of Custodial Parent or Guardian

\_\_\_\_\_  
Date

### Field Trip Permission

Field trips may be planned by the Tzion program for your child to participate in during school year. If your child has permission to accompany his/her classmates on all field trips, please sign and return this form. In signing this permission slip you are acknowledging that your child may accompany his/her classmates on TMS and CBZ arranged in-town field trips without a separate permission slip for each individual trip.

I, the undersigned parent of \_\_\_\_\_ do hereby state and represent to TMS and CBZ, the following:

1. My child has permission to go on all field trips planned by TMS and CBZ. I understand that I will be informed of each trip before my child leaves the TMS and CBZ grounds.
2. That I understand and accept the fact that transportation of my child to and from the TMS or CBZ, and to and from all activities which are connected with TMS and CBZ but which are held some place other than 4408 Stanton Street or 805 Cherry Hill Lane, El Paso, Texas, such as field trips, class parties, and other events, are not the responsibility of TMS or CBZ, but instead, are my responsibility as Parent.
3. If I give written permission for my child to attend an activity described above which is at a location other than 4408 Stanton Street or 805 Cherry Hill Lane, El Paso, Texas, then by doing so, I also give my permission to anyone other than me who might provide transportation for my child to and from such an event to so provide such transportation.
4. Since the transportation described above is my responsibility, and is not the responsibility of TMS or CBZ, I hereby agree to indemnify, defend, and hold TMS and CBZ harmless from any and all liability for loss, injury, or damage which might result from transportation of my child to each TMS and CBZ organized event conducted at locations other than the TMS or CBZ campus facility. In addition, I further agree and do hereby hold the School harmless, and shall indemnify and defend TMS and CBZ from any and all liability for loss, damage or injury which might occur in any other way in connection with such activities held off the TMS and CBZ campus premises.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent / Guardian 1

\_\_\_\_\_  
Parent / Guardian 2

## High School Program 2021

### Emergency Medical Care Authorization

I the undersigned, parent/guardian of my minor child, \_\_\_\_\_, who while in the care, custody and control of Temple Mount Sinai ("TMS") and Congregation B'nai Zion do hereby authorize TMS/CBZ and its employees or agents to administer first aid treatment and/or to obtain necessary emergency medical care for my child from a licensed physician/surgeon or from a hospital or other medical facility should any medical emergency arise while my child is in the custody of TMS/CBZ.

I hereby give my consent and permit TMS/CBZ to allow a health care provider to conduct X-ray examination(s), anesthetic, medical or surgical treatment, and hospital care required for my child, which is deemed necessary and appropriate by a licensed physician/surgeon at a hospital or at a medical facility, as a result of any medical emergency which arises while my child is in the custody of TMS/CBZ. The foregoing care also covers emergency medical transportation by a governmental or private transportation service to transport my child to obtain medical series. I understand the cost of all such care will be paid by me, and shall not be the responsibility of TMS/CBZ.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of TMS/CBZ to give specific consent to any and all necessary emergency medical care for my child which the said physician/surgeon, in the exercise of his best judgment, may deem necessary.

I understand that a conscientious effort will be made to contact me, or one of the people I have designated below, in the event of an emergency, if we can be reached and if time permits

**If TMS or CBZ is unable to contact me, please contact one of the persons listed below.**

\_\_\_\_\_  
1<sup>st</sup> Emergency Contact [name] Phone #

\_\_\_\_\_  
2<sup>nd</sup> Emergency Contact [name] Phone #

This Emergency Medical Care Authorization shall begin on August 2020 and remains effective until May, 2021.

My Telephone Contacts: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name Phone # Insurance Company

\_\_\_\_\_  
Group Number Member Name Member ID Number

\_\_\_\_\_  
Signature of Custodial Parent or Guardian Date

I/we have read the Religious School Respect (*Kavod*) Policy & Procedures and the NFTY Code of Conduct, and will address any concerns or problems with compliance of the discipline policies with the Education Director or Youth Advisor.

**Parent's or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_