** Congregation Shaarei Kodesh Youth Group**

 Registration Form 2020-2021

 **(*One form per child; please print legibly in ink)***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**/\_**\_\_/\_\_\_\_ \_\_\_\_\_\_**

**Student’s Last Name** **First Name** **Nickname** **Hebrew Name**  **Date of Birth Pronoun**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Mailing Address/Street City/State Zip Code Neighborhood**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Student** **Home Phone**  **Student Cell Phone Number Student E-mail**

Please Circle one:

 Is your child new to our youth group? Yes / No

Congregation Shaarei Kodesh Member? Yes / No

**FAMILY INFORMATION**

##

 **□ Married/Partnered □ Separated □ Divorced □ Widowed □ Single**

**FAMILY CONTACT INFORMATION:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*Guardian One - Full Name** (Last, First) **Cell Phone Number**

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 **Address (if same as child’s, leave blank) City State Zip**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Email Address**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*Guardian Two -Full Name** (Last, First) **Cell Phone Number**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address (if same as child’s, leave blank)** City State Zip

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Email Address**

**Are you willing to receive text messages from Congregation Shaarei Kodesh? Yes □ No □**

**STUDENT INFORMATION:**

**Grade as of 9/1/2020: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#  Program Options: (Circle one)

**Chalutzim (3rd-5th grade) -** Chalutzim meets one Sunday a month. Participants enjoy a variety of fun activities and games. The planned activities provide an opportunity to be part of the dynamic community at Congregation Shaarei Kodesh.

**Kadima (6th-8th grade) -** Kadima meets twice a month. Some programs are planned by the middle schoolers themselves.

**USY (9th-12th grade)-** USY meets 2-3 times a month. USYers have the opportunity to grow their leadership skills among many other benefits in a social, Jewish setting. Our USYers truly own the fun and engaging experiences that they work hard to create and feel passionate about building relationships with other Jewish teens in Boca Raton and across the entire Southeast Region of the United States.

\*\*Our Youth Groups will be meeting virtually for now as we provide the sacred space for children and teens to find a sense of belonging in a warm, inclusive community, meet new friends and form lasting bonds through shared experiences, and develop confidence and leadership skills. *Once Coronavirus has cleared, there will be conventions, trips, and many other events happening in person.* Until that time, we are offering a special Virtual Membership Price.

 **Youth Group (please circle amount):**

 **3rd-5th grades** Members: $18 Non-members $36

 **6th – 8th grades** Members: $36 Non-members $54

 **9th- 12th grades** Members: $36 Non-members $54

**TOTAL DUE FOR THIS CHILD:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If your child is NOT enrolled in a Palm Beach or Broward County public school, please provide a copy of their immunizations.

**IMPORTANT INFORMATION: Help us meet the individual needs of your child.**

Does your child have ALLERGIES to medication, food, environment? (please list all allergies); Are there any health conditions (physical or mental) we should know about that may affect your child's attendance or participation at events? If yes, please explain.

Please list any other important information that will help us to provide a safe and caring environment for your child:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT AND PICK-UP INFORMATION**

 **In addition to parents, please list two (2) additional emergency contacts:**

 **1)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2**) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of person(s) authorized to pick up your child (please note that ID may be required):**

 **1)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **2)** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **APPLICATION FOR PHOTO RELEASE, PERMISSIONS AND LIABILITY RELEASE – \*\*Parent Must Sign This Section\*\***

I hereby submit registration for my child, as listed above, for the Congregation Shaarei Kodesh (CSK) Youth Group Program during the **2020-2021 school year**. I grant Congregation Shaarei Kodesh the right to take photographs of my child. I authorize Congregation Shaarei Kodesh to use and publish the same in print and/or electronically. I agree that Congregation Shaarei Kodesh may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. In the event of an emergency if I, or my surrogate, cannot be reached, I give permission for my child to be brought to the nearest medical facility and authorize the representative of Congregation Shaarei Kodesh to select a physician, nurse, paramedic or emergency medical technician licensed by the State of Florida, and/or authorize medical treatment, including hospitalization,

anesthesia, injection, surgery or other measures which he/she feels are in the best interest of my child. This form also serves as a release form for any trip on which my child participates during the year. I also, hereby release and agree to defend, indemnify and hold Congregation Shaarei Kodesh (and its officers, directors, agents, volunteers and employees) harmless from any and all damages, injuries, claims and causes of action arising (directly or indirectly) out of my or my child’s participation on any school-sponsored activity or trip.

*My child has my permission to participate in all activities of the Youth Program for which your child is registered.*

**The School has my permission to use photos taken of my child & publish my address, email and phone number on class lists.**

□ **YES**  □ **NO**

**\* By signing this application, the undersigned agrees to pay the total amount of fees for the 2020-2021 school year. In the event of payment default, CSK reserves the right to cancel the student’s membership and the undersigned agrees to pay the expenses of enforcement and collection, including attorney’s fees and costs.**

**APPLICATION FOR ENROLLMENT AND PERMISSION AND LIABILITY RELEASE-SIGNATURE REQUIRED:**

**Parent Name** (PRINTED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Options**:

Amount due from page 1 **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Check enclosed: Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Payment in full by credit card: Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact Shrin Rostamian regarding any questions or assistance.

Phone- 954-515-9420

Email- shrin@shaareikodesh.org