

Havurah High School– 5772 (2011-2012) Registration/Emergency Information

REGISTRATION DEADLINE: Until August 30th, we will register only Havurah members and continuing non-members - on a first come-first served basis. After that, we will open remaining spots to new non-members.

If the enrollment limit is reached, students will be placed on a waiting list.

TUITION: Havurah members = \$250/student (\$400 maximum/family)

PLEASE SUBMIT THIS FORM (1 FOR EACH STUDENT, EACH YEAR) WITH YOUR CHECK TO:

HAVURAH SHALOM, 825 NW 18TH AVE., PORTLAND, OR 97209-2333.

This form and payment must be submitted to the Havurah Office in order for your child to be officially registered.

Student's English Name: _____ Gender: F M

Student's Hebrew Name _____

Date of Birth: _____ Grade: _____ High School: _____

Student's address: _____

Home phone: _____ Student's E-mail address: _____

Parent/Guardian 1: _____ Phone(s): _____

Parent/Guardian 2: _____ Phone(s): _____

Parent/Guardian e-mail address: _____

NOTE: we do most of the contact by e-mail, so if this is inconvenient for you or you don't have an email address, please let us know.

Emergency contact: _____ Phone: _____

Doctor: _____ Phone: _____

Preferred Hospital _____ Last Tetanus shot: _____

Allergies or serious medical concerns: _____

Medical Insurance Co.: _____

Group #: _____ ID#: _____

If there is any other information about your student's social, intellectual, or medical well-being that is important for the teachers or retreat leaders to know, please note here. If you would like to share information confidentially, contact Deborah Eisenbach-Budner.

OVER PLEASE

Carpools help make this program work; **ONLY PARENTS CAN BE CARPOOL DRIVERS** (unless there is an indemnity agreement for the current school year on file in the Havurah Shalom office).

Parent/Guardian #1 Driver's License number: _____

Parent/Guardian #2 Driver's License number: _____

Car Ins. Co. _____ Policy # _____

of available seat belts _____

Possible carpool families:

I understand and agree to transportation of my child in private vehicles in connection with the Havurah High School program. I understand that most of the classes will be held in a central location, but on occasion field trips to other locations may occur. I understand the prior notification of field trips may not always occur. In case of an emergency when I cannot be contacted, I authorize the Havurah High School parent volunteer(s) to obligate me for the services of medical personnel and act as my agent in securing emergency treatment. **This authorization is valid from 9/2011 to 6/30/2012.**

Signature of Parent/Guardian: _____ Date: _____