

Mifgash Community High School Program  
P.O. Box 8916 | Albany, NY 12208



**Student Name** \_\_\_\_\_  
Last First Hebrew

Home Address \_\_\_\_\_  
Street City State ZIP

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Email \_\_\_\_\_ Are you a new Mifgash student? ☐ yes ☐ no

Student Cell Phone \_\_\_\_\_

Please send school information to: ☐ Both Parents ☐ Parent 1 ☐ Parent 2

**Parent 1** \_\_\_\_\_  
Title (Mr., Mrs., Ms., Dr., etc) Last First Synagogue Affiliation

☐ Home address is the same as above ☐ Home phone is the same as above

Street \_\_\_\_\_

Home Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

**Parent 2** \_\_\_\_\_  
Title (Mr., Mrs., Ms., Dr., etc) Last First Synagogue Affiliation

☐ Home address is the same as above ☐ Home phone is the same as above

Street \_\_\_\_\_

Home Phone \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ email \_\_\_\_\_

## EMERGENCY CONTACT

Emergency contacts will be called in the order listed.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Siblings (Name/Age): \_\_\_\_\_

**Does your child have any social, emotional, or learning challenges that may affect his/her ability to learn and socialize at Mifgash?** \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

## **MIFGASH CODE OF CONDUCT AGREEMENT**

Students are NOT permitted to leave Ohav Shalom during Mifgash class hours (Sundays, 6pm – 8pm) without written permission from a parent. Written permission must be presented to Director or Administrative Assistant prior to student leaving the premises. In addition, Mifgash and Temple Israel are NOT responsible or liable for students who leave the building for any reason during school hours.

Students are expected to respect one another, teachers, support staff and the facility. If a student engages in disrespectful or inappropriate behavior, the following procedures will take place:

1. The first time the student's behavior is addressed, s/he will be asked to leave class and speak with the director immediately.
2. The second time, procedure #1 will take place and the parent(s) will be called.
3. If there should be a third time, the student may be asked to leave for the semester or the remainder of the year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **GENERAL & PHOTOGRAPHIC RELEASE**

I hereby give my permission for the above-named child to participate in all activities of Mifgash. Mifgash is given the express authority to seek any and all emergency medical treatment for and on behalf of my child for any illness/injuries sustained while participating in Mifgash.

I hereby grant Mifgash and those acting under its permission or upon its authority the right to take, use, and publish **photographs** of my child(ren) for use in publications referencing or related to the Mifgash program. In addition, I grant my permission for Mifgash to alter and/or copyright the same without restriction. This authorization and release covers the use of said photographic material in any published form and medium of advertising or publicity for an unlimited period of time.

\_\_\_\_ I consent to the photo release.

\_\_\_\_ I **do not** consent to the photo release.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Mifgash Jewish High School Program admits students of any race, color or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students and the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship policies and other school-administrated programs.

Mifgash is partially funded by Jewish Federation of Northeastern New York, and is a member of the North American Association of Community and Congregational Hebrew High Schools.



## **MIFGASH REGISTRATION FORM**

You have made a wonderful choice in making your child's Jewish education a priority. This year three payment options are being offered that more accurately reflect the cost of running the Mifgash program. Please select the tuition option that you can, in order to help our school go "from strength to strength" and ensure its viability.

Payments may be made in two installments.

- ☐ \$1250 reflects the true cost of educating each student, including *all* operational expenses.
- ☐ \$850 reflects tuition that is partially subsidized.
- ☐ \$625 reflects tuition that is subsidized to cover 50% of the actual cost to educate each student.

**Tuition is non-refundable after October 14, 2018.**

In order to make the Mifgash program accessible to all, a scholarship program is available. A deposit of \$50.00 per student is required at Registration and will be credited toward the total amount due after your financial aid package is approved.

Please contact Maggie Tabak (tabak.smith@gmail.com) for financial assistance.

Thank you for recognizing the value of the Mifgash Jewish Community High School Program.

Parent email \_\_\_\_\_ Parent Cell phone \_\_\_\_\_

## **REGISTRATION FOR CLASSES WITH ADDITIONAL FEES**

My child/children ☐ **may** / ☐ **may not** register for classes with fees for materials or supplies.

For Office Use Only		
Payment Method	Amount	Check Number
<input type="checkbox"/> cash		
<input type="checkbox"/> check		
<input type="checkbox"/> credit card		
<u>Notes</u>		

Credit Card Authorization
Name (as it appears on card)
Address
Card Number/CVS Code
Exp Date
I authorize Mifgash Community High School Program to charge my credit card in the amount noted.
Signature