

Student Registration Form

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



Academic Year 2020-2021

**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 Home Phone \_\_\_\_\_ 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 same as above  Home phone same as above

Street \_\_\_\_\_

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

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

**EMERGENCY CONTACT**

Emergency contacts - called in order listed.

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

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

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

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

My child has been vaccinated (as per NYS law requirements).

### **MIFGASH CODE OF CONDUCT AGREEMENT**

Students are NOT permitted to leave Temple Israel 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 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-administered programs.

Mifgash is partially funded by Jewish Federation of Northeastern New York, and is a member of the JTEEN, Jewish Teen Education & Engagement Network..



### **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. These tiers more accurately reflect the true cost of educating our students and ensure the viability of our school.**

**Please choose your payment tier below.**

- \$1200** (reflects the true cost of educating each student, including all operational expenses).
- \$850** (reflects tuition that is partially subsidized).
- \$675** (reflects tuition scholarship request level.  
Requesting subsidized tuition to cover [approx] 50% of the actual cost to educate each student\*\*).

\*\* 2020-21 budget of \$68,000 ÷ by projected # of 36 students = \$1,888 cost/student. With projected financial support from NENY Jewish Federation, synagogues and fundraising efforts, we hope to bring cost per student to \$1,200. We rely on affiliated synagogues to help cover costs through additional established education endowments and discretionary funds.

- **Tuition is non-refundable after October 13, 2020.**
- **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 Margaret Tabak, Mifgash Board Treasurer (mifgashtreasurer@gmail.com) if you need financial assistance.**

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

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

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

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Parent/Guardian Signature

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Date