

Student Registration Form

Mifgash Community High School Program
P.O. Box 158 | Slingerlands, NY 12159



Academic Year 2023-2024

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, 6 pm – 8 pm) without written permission from a parent. Written permission must be presented to the Director or Administrative Assistant prior to students 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.

Student Signature

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.

Parent/Guardian Signature

Date

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. Three payment options are being offered.

Please choose your payment tier below.

- \$1,300
- \$950
- \$650 (reflects tuition scholarship request level).

- Tuition is non-refundable after October 16, 2023.
- 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 complete a scholarship form if requesting financial assistance.

REGISTRATION FOR CLASSES WITH ADDITIONAL FEES

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

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

Parent/Guardian Signature

Date