

Child's Grad	e in Sept.
of 2017 -	

# Waxman High School and Youth House REGISTRATION FORM & CONTRACT 2017-2018

FAMILY: (Parents First & Last Name)	_Y: (Parents First & Last Name) Family Home Phone Number:				
Family Address:					
	STUDENT INFORMA	ATION			
Student Name: Student Name: Hebr	ent ew Name:		M/F:		
Student email:	Student	Cell Phone:	Student Birthdate		
Student Allergies, medications, food restrictions					
☐ Check here if you would like to receive a phone call from Rabbi Amy Roth or Avi Siegel to discuss any additional information you feel necessary to help us better understand your child(ren)'s educational needs.					
☐ I GIVE Temple Israel permission to use p child(ren) in its publicity such as in the Voice, website, in local newspapers, etc.	on the TIGN child(re	en) in its publicity such as	Israel permission to use photos of my s in the Voice, on the TIGN website, in ewspapers, etc.		
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## PARENT INFORMATION

Adult 1 Name:			Adult 1 Email:	Adult 1 Cell:	
Adult 2 Name:		Adult 2 Email:	Adult 2 Cell:	Adult 2 Cell:	
		E	mergency Contacts (if you	are not available):	
Name: Cell:	E	mergency Conta	ct 1 Name: Cell:	Emergency Contact 2	
WI	EEKL	Y TUESDAY I	PROGRAMS from 5:30 PM to 7	7:30 PM STARTING SEPTEMBER 13 <sup>th</sup>	
Class	Cost	Class meets on	Description – These sessions are a combination of grade-specific core classes and a rotation of workshops		
8 <sup>th</sup> Grade CORE Class	\$790	☐ Weekly on Tuesdays		plore how the media portrays Jews and Jewish life. From TV, to ping and when is accurate? How do we attempt to navigate through	it
9 <sup>th</sup> thru 12 <sup>th</sup> Grade CORE Class	φ/ <del>9</del> 0	☐ Weekly on Tuesdays		ow many of us know there are Jews beyond Eastern Europe and Iran ommunities around the world like India, Africa, Australia, England,	
	TUES		ops —These are a rotation of 10 week Workshops may change depending o	k seminar workshops that are topic specific. on teacher availability	
Rabbi's Roundtable				eber as they explore the important questions that teens ask Stereotypes, Social Media, Relationships, Family, & Friends	
Jewish (Super)her	roes	Included with tuition above.	From Mark Spitz to Danny Siegel, difference in the world and how ca	who are our Jewish Heroes? What does it take to make a man we follow their footsteps?	
Adopt-A-Survivor			"Adopt" a Holocaust survivor. Don't just learn their story but have them become a part of your life as you carry on their story and legacy.		

#### MONTHLY PROGRAMS

Class	Cost	Check box if taking class	Class Description
Youth House TILT (4pm-6pm)	\$395 each	☐ Monthly on Sundays starting September 17 <sup>th</sup>	Temple Israel Leadership Teens (T.I.L.T.) is a chance for you to create fun, social, and meaningful events for other Jewish Teens in Great Neck! You will learn leadership skills and put them to use by helping create a stronger, more fun Jewish teen community!
Rosh Hodesh / Shevet Achim (7pm-8:30pm)	(Register for two monthly programs and get the third	☐ 3 <sup>rd</sup> Wednesday of the month starting September 13th	Rosh Hodesh meets at the home of Moji Pourmoradi and entails art, sharing, and good food! Shevet Achim: The Brotherhood meets at the Youth House with Avi Siegel and entails discussions about Jewish masculinity, sports, activities and good food!
USY (7pm-8:30pm) Kadima (6pm-7:30pm)	FREE!)	☐ USY - Last Wednesday of the month starting September 27 <sup>th</sup> ☐ Kadima - Last Thursday of the month starting September 28 <sup>th</sup>	Be a part of our brand new Youth program! Come socialize and learn about what it means to be part of our local youth group chapter. In addition, be eligible for divisional/regional events for METNY USY.

Exact calendar for programs will be available beginning in August.

#### **YOUTH HOUSE SCHOOL FEES 2017-2018**

### Please circle and total your fees.

We want your child to be able to explore as many of our offerings as possible when deciding which programs to attend. Please understand that staffing and other resource commitments are based in part on the number of students in each program. As a result: 1) A 50% deposit is required for each program before your child attends; and 2) These deposits become non-refundable five (5) days after the first meeting of each program. If your child will not be continuing with a program, and you want a refund, you must let us know in this five day period. No refunds will be issued after this period. Anyone joining a program after the first meeting will be required to pay the full, non-refundable tuition.

Class Type	Cost	☐ Please check here if you	
Tuesdays 8 <sup>th</sup> thru 12 <sup>th</sup> grade	\$ 790	would like membership to	
Monthly Programs	\$ 395 (one) / \$790 (2 or more)	- METNY Regional USY/Kadima	
Tuesdays and Two or more Monthly Programs	\$1,450	METITI Regional OSI/Raume	
Registration fee (waived for Temple Members)	\$ 200	(Cost included with registration	
Early Bird Discount (Deposit received by September 1st)	(-\$50)	for any Youth House program.	
TOTAL TUITION:		jor any rount rouse programm	

Perhaps you do not know that tuition alone only covers part of the costs of operating our Youth House. The school's expenses are significantly subsidized by synagogue membership dues and contributions. As a result, support provided by the Youth House Fund underwrites the costs of equipment, programs, and "special touches" for things which the budget doesn't allow us to address. Please consider the YH Fund when making donations for various life cycle events. Your donations truly enhance the quality and richness of our wonderful school! Thanks so much.

## The costs of each program are listed on the previous pages.

You will be Billed/Charged to Deposit of 50% MUST BE I	in September of 2017. RECEIVED by <mark>September 1<sup>st</sup>,</mark>	<mark>2017</mark> in order fo	r your child(ren) to star	t school.
Deposit of 50%:				
: I am paying by chec	k. Please bill me.			
: I am paying by cred	it card. Please charge my ca	rd.		
Remainder of the tuition	n payment options:			
: I am paying the r October 1 <sup>st</sup> , my credit co	remaining 50% by check by ard will be charged.	October 1 <sup>st</sup> . P	Please bill me. <i>If my</i>	check is not received b
• • •	remaining 50% by credit co 7 and ending in February 2		ds will be charged in	5 equal installments
Charge my:	☐ American Express	□ Visa	☐ Mastercard	☐ Discover
Account Number			Exp. Date _	
Cardholder Name			Billing Zip Code: _	
Cardholder Signature				
NO REGISTRA	TION WILL BE ACCEPT	ED WITHOUT	CREDIT CARD IN	FORMATION.
FOR OFFICE USE ONLY: Date Receive	ed; KR-Info	KR-Fin'l KR-	-Reg'd Assigned	_ Family ID: