



## MV Hebrew Center Religious School Application 2019-20

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent(s) names: \_\_\_\_\_

Parent mailing address: \_\_\_\_\_

Parent phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_ Returning student?

Secular school as of September 2019 \_\_\_\_\_

If parents/guardian live apart to whom should we send mail & email?

\_\_\_\_\_

Does your child have any special learning needs (e.g.) ADD, ADHD, speech, language or hearing issues; dyslexia; developmental delays)? If yes, and there is an IEP kindly provide a copy of her/his IEP (remember this is confidential)

\_\_\_\_\_  
\_\_\_\_\_

Please provide additional information about your child that you would like the staff and teachers to know (e.g. temperament, strengths, friendships, learning style): \_\_\_\_\_

\_\_\_\_\_

Does your child have any medical conditions, or emotional or familial issues or concerns of which we should be aware? Please include allergies to medication, food or the environment.

\_\_\_\_\_

Does your child use any of the following:

Epipen or oral medication for hives or allergies

Asthma inhaler

Diabetes medication

Other \_\_\_\_\_

Child's physician and telephone number: \_\_\_\_\_

**Emergency Contacts** if we cannot reach a parent:

#1 Name and telephone # and relationship: \_\_\_\_\_

#2 Name and telephone # and relationship: \_\_\_\_\_

\_\_\_\_\_

**Parent Permission to seek treatment:** I hereby give my permission to the MVHC Director or staff member in charge to take whatever steps may be necessary to obtain emergency medical care for my child, if warranted. Signature: \_\_\_\_\_

**Parent Medical Treatment Release:** In the event that I am unable to be contacted and emergency treatment is found to be necessary, I hereby authorize a physician, or such assistant as may be selected by him/her, to render temporary medical treatment to my child. I understand that I will be responsible for any related expenses. I further agree to release MVHC and its employees, officers and agents from any and all claims, liabilities and damages arising out of such medical treatment.

Signature \_\_\_\_\_

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### **Photographic/Video Release**

Students are expected to maintain **appropriate behavior** and decorum during instructional time and Shabbat services. Please help us by discussing proper synagogue behavior with your children. In order to show respect for our synagogue please dress appropriately during Shabbat services. No jeans, please.

I hereby grant MVHC Religious School permission for my child to participate in **field trips**

Please provide name of **health insurance** company \_\_\_\_\_  
and policy #: \_\_\_\_\_

**Attendance:** I know that as a part of the registration of my child in the MVHC Religious School my child must attend religious services at the synagogue as required by the school handbook (7th graders three times per month, two on Shabbat morning; 5th and 6th graders two times per month, 3rd and 4th graders once per month) and that the student must attend three mandatory All School Shabbat services this coming school year. Signature: \_\_\_\_\_

I am aware that the attendance policy permits a maximum of three unexcused absences

Signature: \_\_\_\_\_

**Tuition & Fee Schedule 2019-2020:** Each student \$700.00 tuition plus \$50.00 snack fee and \$30.00 materials fee.

Please check box if you are in need of **Scholarship assistance**. We have several scholarships available and are here to help you.

**Please print & complete then return to the office by mail or fax no later than 9/1/2018.**

**Mail to: MVHC, PO Box 692, Vineyard Haven, MA 02568**  
**MVHC Office fax # 508-693-1350 email: [office@mvhc.us](mailto:office@mvhc.us)**