



# Hebrew Institute of Riverdale

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## JEWISH YOUTH ENCOUNTER PROGRAM APPLICATION

General Program (Gr. K-6); Bnei Mitzvah Junior Philanthropy Project (Gr. 7); The Jewish Lens (Gr. 8-10)

Student(s) Name(s) (Last) \_\_\_\_\_

1) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

2) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

3) (First) \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Home Address (to receive all JYEP mailings): \_\_\_\_\_ Apt: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If a parent of child/children resides at another address, please indicate below:

Name of Guardian: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are there any special circumstances regarding religious or family status (e.g. conversion, inter-faith family, adoption, single-parent family, etc.) that would be helpful for us to know about? If yes, please describe them or indicate that you would like to speak with a Rabbi:

Does your child have any learning differences that we should be aware of? If yes, please describe them here (or on the back of this page), or indicate that you would like to speak with a Rabbi:

# MEDICAL FORM

Name of Child (Last): \_\_\_\_\_ (First) \_\_\_\_\_  
(First) \_\_\_\_\_  
(First) \_\_\_\_\_

In case of injury or illness of a child, every effort will be made to contact the parent or guardian. The following instructions will remain in force unless revoked by parent or guardian.

If injury or illness is mild, give child first aid? Yes \_\_\_ No \_\_\_

If injury is serious and parent cannot be contacted, do you wish your personal physician or dentist to be contacted?

Yes \_\_\_ No \_\_\_ Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

If you cannot be reached in case of emergency, please provide two contacts:

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

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

Please indicate any specific conditions experienced by your child/children that would help us assist them in an emergency:

Vision \_\_\_ Special \_\_\_ Hearing \_\_\_ Allergy \_\_\_ Educational \_\_\_ Other \_\_\_\_\_

Please explain: \_\_\_\_\_  
\_\_\_\_\_

In the event of a medical emergency, I authorize the staff to obtain emergency medical treatment for my child/children. I understand that I will be contacted immediately, as well my physician.

\_\_\_\_\_  
Parent's name (Please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

# TRANSPORTATION FORM

## GRADES K-5

\_\_\_\_\_ My child will not require transportation.

\_\_\_\_\_ I would love to take advantage of your affordable transportation service! (*please complete form*)

Transportation for K through 2 is free. Transportation for Grades 3 through 5 is \$150.

Child's Name (Last): \_\_\_\_\_

(First)\_\_\_\_\_ P.S.24\_\_\_\_ P.S.81\_\_\_\_ Classroom # \_\_\_\_\_

(First)\_\_\_\_\_ P.S.24\_\_\_\_ P.S.81\_\_\_\_ Classroom # \_\_\_\_\_

(First)\_\_\_\_\_ P.S.24\_\_\_\_ P.S.81\_\_\_\_ Classroom # \_\_\_\_\_

(To arrange transportation from the Fieldston School, Horace Mann, or another local school, contact our office.)

My child has permission to travel to the Hebrew Institute from their school.

He/she will travel by bus or van and will be accompanied by a Hebrew Institute staff member. I release the Hebrew Institute from liability for property damage or physical injury that may occur during this supervised activity.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BIG BROTHER/BIG SISTER MATCH UP FORM

**For Grades 3 to 7 ~ Sundays 9:30am-10:30am**

We recognize the learning differences of each of our talented students and therefore, as an integral part of our regular program, we create time for one-on-one learning outside of the classroom. We arrange for your child to be paired one-on-one with a Big Brother or Sister once a week. This hour each Sunday is dedicated to developing their Hebrew reading skills and eventually prepare for your child's Bar/Bat Mitzvah. This year we have decided to have all the Siblings meet their students at the same on Sunday morning to help better oversee the program and create a sense of camaraderie and community. Our Big Siblings may be local high school students or adults in the community. Hopefully, your children will benefit greatly from the personal attention our Big Siblings Program provides.

The Big Sibling Program is a part of our regular program and is required for students in grades 4-Bar/Bat Mitzvah. It is strongly encouraged in grade 3 and post Bar/Bat Mitzvah. Parents are expected to pay High School Siblings directly each week \$15 per lesson. We have found that our students connect very well with high school students, however, we also offer to match your child with an experienced adult Sibling for a higher fee. We will suggest a proper match for your child based on their needs.

Child's Name (Last): \_\_\_\_\_ (First)\_\_\_\_\_ Grade: \_\_\_\_\_

(First)\_\_\_\_\_ Grade: \_\_\_\_\_

(First)\_\_\_\_\_ Grade: \_\_\_\_\_

If you'll be staying with your current big brother/sister, or if you've already been matched with one, please remind us.

Name of Sibling: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents, please note that if you need to cancel a Big Sibling session, you must contact the Big Sibling directly, at least 24 hours in advance. If possible, you should reschedule the session for another time during the week. If this cannot be done, we kindly ask that you compensate the big brother/sister for the missed session. If you need to make a general change in your Sibling schedule, please allow at least one full week for us to facilitate the adjustment. Thank you for your understanding.

# REGISTRATION AND FEES FORM

(Please check those that apply)

## GRADES K-2 Annual Fees

\_\_\_\_\_ Released Time Wednesdays 2-3pm - \$0 FREE OF CHARGE

\_\_\_\_\_ Hebrew Club Wednesdays 3:00-3:45 - \$95.00 per child

*Most families choose to attend the full program from 2-3:45pm.*

## GRADES 3-10 Annual Fees

\_\_\_\_\_ \$195 per child

## TRANSPORTATION Annual Fees

\_\_\_\_\_ K-2 (FREE OF CHARGE)

\_\_\_\_\_ Grades 3-5 - \$150 per child

Print Your Name: \_\_\_\_\_ Your Total Fee: \_\_\_\_\_

\_\_\_\_\_ I am enclosing my full tuition and transportation payment by check.

\_\_\_\_\_ I am endorsing my full tuition and transportation payment by credit card (fill out below).

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HEBREW INSTITUTE OF RIVERDALE – THE BAYIT  
CREDIT CARD AUTHORIZATION FORM

*We can accept only VISA or MasterCard*

I hereby authorize the Hebrew Institute of Riverdale  
to charge \$ \_\_\_\_\_ to my credit card account set forth below:

Circle One:    Visa    MasterCard

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

*All JYEP families who are not yet members of the Hebrew Institute of Riverdale are entitled to free membership while your child is a student in the JYEP. Please feel free to contact Rabbi Uri with any questions you may have.*