



### TERMS AND CONDITIONS

- The Sabra program is for 7th-12th Grade students.
- Enrollment in the Sabra program is required for all 7th Grade students who are not enrolled in a Jewish day school.
- The Sabra-Hebrew for High School Language Credit Program is an accredited Foreign Language Program that will be accepted by San Dieguito Union High School District, San Diego Unified School District, and Poway Unified High School District, and it will include Hebrew levels from beginner to advanced.

#### PARENT 1

Name:  
Cell #:  
Home #:  
E-mail:  
Address:  
City, State Zip:

\*If different than Parent 1

#### PARENT 2

Name:  
Cell #:  
Home #\*:  
E-mail\*:  
Address\*:  
City, State Zip\*:

#### EMERGENCY CONTACT 1

Name:  
Relationship:  
Phone #:

#### EMERGENCY CONTACT 2

Name:  
Relationship:  
Phone #:

### MEDICAL INSURANCE

Our policy is that no one under the age of 18 may participate in our programs without proof of Medical Insurance coverage, including company name, policy Number, etc.

Medical Insurance Co:

Insurance Company's Phone #:

Policy/Group #:

Certificate # (for group coverage):

Primary Insured's Name:

Personal Physician:

Phone #:



## STUDENT 1

Last Name:

First Name:

Birthdate:

Secular School:

Grade in Secular School:

Hebrew Name:

Sabra [7th – 12th Gr]

Jr. USY [7th – 8th Gr]

Hebrew for Credit [8th – 12th Gr]

Sr. USY [9th – 12th Gr]

## STUDENT 2

Last Name:

First Name:

Birthdate:

Secular School:

Grade in Secular School:

Hebrew Name:

Sabra [7th – 12th Gr]

Jr. USY [7th – 8th Gr]

Hebrew for Credit [8th – 12th Gr]

Sr. USY [9th – 12th Gr]

## Health Information

**IF ANY OF THE BELOW MEDICAL INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY.**

(initial) I confirm that all my child's immunizations, as required for public schools, are up to date. List allergies to foods, medications, plants, insects, etc.:

List all medications currently taken on a regular basis, dosages and reasons for the medication:

Please describe any physical, emotional, behavioral, or learning needs your child may have, so we are better able to provide them with appropriate programming and accommodations if necessary

Does your child have an IEP or 504 Plan from your school district?    Yes    No

Check those that apply:

ADD/ADHD

Auditory Processing

Autism

Development Delay

Other (Please describe):

Dyslexia

Speech/Language  
Impairment

Visual Processing

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Development Delay

Other (Please describe):

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Speech/Language  
Impairment

Visual Processing



**RELEASE FORM**

**No student will be permitted to participate in Beth Am programs without this form completed.**

**PARTICIPATION PERMISSION AND RELEASE**

(initial) I give my permission for my child(ren) to attend all scheduled activities with Congregation Beth Am programs. I certify that my child(ren) is physically able to participate in Congregation Beth Am programs and release Congregation Beth Am and its representatives from any and all liabilities whatsoever which may arise from his/her participation in the programs of Congregation Beth Am. I understand that Congregation Beth Am will provide adequate supervision for all programs and will make every reasonable effort to ensure the safety of all participants. However, I am aware that as a non-profit organization, Congregation Beth Am cannot, and will not assume responsibility for any accidents or loss of personal effects at any event. I hereby release Congregation Beth Am from any liability whatsoever which may arise as a result of transportation to and/or from events, for any injury to my child during a program, and waive any claim that hereafter may arise, specifically agree not to sue or bring action against Congregation Beth Am or its representatives. I also agree to release and forever discharge Beth Am from any and all actions, suits, of any kind or nature, whether known or unknown, both in law and in equity, arising out of each scheduled activity my child(ren) elects to participate in. I hereby acknowledge and agree this release applies to any and all actions, suits, or claims, whether known or unknown, foreseen or unforeseen, patent or latent, arising out of each activity my child(ren) elects to participate in.

**MEDICAL RELEASE**

(initial) I consent and give permission for my child(ren) to attend and participate in all activities arranged by Beth Am for which he/she is registered. I certify that my child(ren) is/are physically and psychologically able to participate in all such activities. In case of emergency, I authorize Beth Am and its representatives, as my agent and at my sole cost and expense, to engage appropriate healthcare providers to administer, prescribe and/or direct the administration of any medication, other medical treatment, care, surgery, hospitalization, or medical procedures and services deemed appropriate under the circumstances if Beth Am is not able to contact me for instructions in a timely manner. I hereby authorize any hospital which has provided treatment to my child(ren) pursuant to the provisions of Section 6910, of the Family Code of California to surrender physical custody of such minor child(ren) upon the completion of treatment. This authorization is given pursuant to the Section 1283 of the Health and Safety Code of California.

**CHILD BEHAVIOR**

(initial) I understand that my child(ren) will observe all the rules and regulations as stated by the Education and Youth Directors of Congregation Beth Am and their authorized representatives and that failure to comply will serve as a basis for suspension from participation without refund.

**PARENT CUSTODY AUTHORIZATION**

(initial) I understand that my children may be released to either of his/her parents or guardians unless Beth Am is otherwise notified in writing, with proper documentation. Beth Am cannot withhold a child from a parent unless this procedure is followed. In cases of custody issues, please obtain a Parent Custody Authorization Form from the office.

**PHOTO/INFORMATION RELEASE**

(initial) I give permission for my child(ren)'s photo/video/written work to be used for press releases or other promotional literature.

(initial) I give permission for my name/address/phone number to be given out to classmates for carpool information or social events/gatherings/class roster.

**Name:**

**Signature:**

**Date:**



**TUITION PAYMENT AGREEMENT – SABRA/USY (7th-12th) 2018-19 / 5779**

Non-payment of fees will result in your child not being able to attend the Sabra Program. Payments are to be made by check or credit card at time of registration. We cannot bill your account.

TUITION PAYMENT (A credit card guarantee is required even if you intend to pay the balance of tuition by check.)

PLEASE INDICATE PAYMENT TYPE:	CHECK #	CREDIT CARD:	M/C	VISA	AM/EX
Credit Card Number:		Exp. Date:	CVV:		
Name on Credit Card:					
<b>SABRA</b>					
<b>CHILD'S NAME</b>	<b>GRADE LEVEL</b>	<b>CBA MEMBER Registration</b>	<b>Non-Member Registration</b>	<b>TOTAL</b>	
	7th Grade	\$1110	\$1350		
	8th-12th Grades	\$850	\$1000		
Teacher end of year gift donation					
<b>SABRA-HEBREW FOR HIGH SCHOOL LANGUAGE CREDIT (8th-12th Grades)</b>					
	LEVEL 1	\$1350	\$1550		
	LEVEL 2 and up	\$1400	\$1600		
	Book Fee	\$70	\$70		
Teacher end of year gift donation					
<b>YOUTH PROGRAMS</b>					
<b># of Teens</b>	<b>GRADE LEVEL</b>	<b>CBA MEMBER</b>	<b>NON-MEMBER</b>	<b>TOTAL</b>	
	Jr. USY (7th-8th Grades)	\$80	\$95		
	Sr. USY (9th-12th Grades)	\$80	\$95		
<b>TOTAL</b>					

If registering for Sabra by signing the Registration, **you legally obligate yourself for the FULL Sabra tuition amount on November 1, 2018.** Congregation Beth Am (“CBA”) expenses are incurred on an annual basis; therefore, CBA is unable to refund tuition fees or forgive unpaid obligations if you choose to withdraw your child after **November 1, 2018.** In accepting your Registration, CBA assumes expenses that are not reduced if your child is withdrawn at a later date. Therefore, CBA will not refund any tuition fees paid, or cancel any unpaid obligations after **November 1, 2018.** Your financial obligation to CBA is for the FULL tuition amount as stated above. In order to withdraw your child’s enrollment, you must contact the CBA office in writing by **November 1, 2018.**

If registering for Hebrew for Credit (“H4C”) by signing the Registration, **you legally obligate yourself for the FULL H4C tuition amount on October 2, 2018.** Congregation Beth Am (“CBA”) expenses are incurred on an annual basis; therefore, CBA is unable to refund tuition fees or forgive unpaid obligations if you choose to withdraw your child after **October 2, 2018.** In accepting your Registration, CBA assumes expenses that are not reduced if your child is withdrawn at a later date. Therefore, CBA will not refund any tuition fees paid, or cancel any unpaid obligations after **October 2, 2018.** Your financial obligation to CBA is for the FULL tuition amount as stated above. In order to withdraw your child’s enrollment, you must contact the CBA office in writing by **October 2, 2018.**

**Name:**

**Signature:**

**Date:**