



Academic Year 2024-2025

Student Registration Form

"Mifgash At The J"

Community High School Program
340 Whitehall Rd, Albany, NY 12208

NAME _____

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 and provide documentation:

My child has been vaccinated (as per NYS law requirements)

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MIFGASH PAYMENT FORM

You have made a wonderful choice in making your child's Jewish education a priority.

Please choose your payment below:

- \$1,000 JCC members (Teen membership \$25 a month)
- \$1,200 non JCC members
 - 4 installments of \$300: 9/15, 10/15, 11/15, 12/15
 - Tuition is non-refundable after October 1, 2024.
 - 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.

PAYMENT METHODS—MUST SELECT ONE

Charge my AMEX/MC/VISA automatically on the 15th of each month as listed above.

Name on card _____ Zip Code _____

Credit Card # _____ Exp. Date _____

Signature _____ Date _____

OR 4 Monthly payments from your checking account on the 15th of each month (Attach a Voided Check).

ADDITIONAL \$35 SUPPLY FEE FOR ART CLASS

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