



Student Registration Form

"Mifgash At The J" Community High School Program 340 Whitehall Rd, Albany, NY 12208

School	Grade		
Student Email		Birth Date//	
Studerii Emaii	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	=	above	
Street	City/State/7ip		
Home Phone			
Cell Frioric	CITICIII		
Parent 2			
Title (Mr., Mrs., Ms., Dr., etc) Last	First	Synagogue Affiliation	
□ Home address same as above □ Home phone Street			
Home Phone			
Cell Phone	email		
EMERGENCY CONTACT			
Emergency contacts - called in order listed.			
Name Phone		Relationship	
NamePhone		Relationship	
Siblings (Name/Age):			
Does your child have any social, emotional, medical, o	r logrning challonges	that may affect his /hor ability	
	-	d provide documentation:	

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

Student Registration Form





MIFGASH CODE OF CONDUCT AGREEMENT

Students are NOT permitted to leave JCC during Mifgash class hours (Sundays, 6 pm – 8 pm) without written permission from a parent. Written permission must be presented to Mifgash Director (Ruth Malka) prior to students leaving the premises. In addition, "Mifgash At The J" is NOT responsible or liable for students who leave the building for any reason during school hours.

Students are expected to respect one another, teachers, support staff, and the facility. If a student engages in disrespectful or inappropriate behavior, the following procedures will take place:

- 1. The first time the student's behavior is addressed, s/he will be asked to leave class and speak with the director immediately.
- 2. The second time, procedure #1 will take place and the parent(s) will be called.
- 3. If there should be a third time, the student may be asked to leave for the semester or the remainder of the year. Student Signature Parent/Guardian Signature Date **GENERAL & PHOTOGRAPHIC RELEASE** I hereby give my permission for the above-named child to participate in all activities of "Mifgash At The J". "Mifgash At The J" is given the express authority to seek any and all emergency medical treatment for and on behalf of my child for any illness/injuries sustained while participating in "Mifgash At The J". Parent/Guardian Signature Date I hereby grant "Mifgash At The J" and those acting under its permission or upon its authority the right to take, use, and publish photographs of my child(ren) for use in publications referencing or related to "Mifgash At The J" program and for Albany JCC use. In addition, I grant my permission for "Mifgash At The J" and the Albany JCC to alter and/or copyright the same without restriction. This authorization and release covers the use of said photographic material in any published form and medium of advertising or publicity for an unlimited period of time. ☐ I consent to the photo release. □ I **do not** consent to the photo release. Parent/Guardian Signature Date

"Mifgash At The J" - Jewish High School Program admits students of any race, color, or national and ethnic origin to all programs, and activities generally accorded or made available to students and the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship policies, and other school-administered programs.

"Mifgash At The J" is partially funded by Jewish Federation of Northeastern New York and is a member of the JTEEN, Jewish Teen Education & Engagement Network..





Student Registration Form





MIFGASH PAYMENT FORM

ou ho	ave made a wonderful choi	ce in making your child's Jewish education a	priority.		
lease	choose your payment belo	ow:			
\$1,000 JCC members (Teen membership \$25 a month)					
\$1,2	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 schola	rship form if requesting financial assistance.			
		PAYMENT METHODS—MUST SELECT ON			
	Charge my AME	X/MC/VISA automatically on the 15th of each	n month as listed above.		
lame	on card	Zip Code			
Credit	Card #	Exp.Date	-		
ignat	ure	Date			
OR	4 Monthly payments fro	om your checking account on the 15th of eac	h month (Attach a Voided Check).		
		ADDITIONAL \$35 SUPPLY FEE FOR ART CLA	<u>.82</u>		
	My child □ may	□ may not register for classes with fe	es for materials or supplies.		
	Thank you for recognizir	ng the value of the Mifgash Jewish Comm	unity High School Program.		
	Parent/Guardian	Signature	Date		