



Student Registration Form

Academic Year 2025-2026

Mifgash At The J

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

NAME _____ Address _____
School _____ Grade _____ Birth Date ____/____/_____
Student Email _____ Are you a new Mifgash student? yes no
Student Cell Phone _____

Please send school information to: Both Parents Parent 1 Parent 2

Parent 1

Title (Mr., Mrs., Ms., Dr.) _____ Last _____ First _____
Address _____
Cell Phone _____ Email _____

Parent 2

Title (Mr., Mrs., Ms., Dr.) _____ Last _____ First _____
Address _____
Cell Phone _____ Email _____

Siblings (Name/Age): _____

Synagogue Affiliation _____

EMERGENCY CONTACTS

Please provide two emergency contacts in order of who should be called first.

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

Does your child have any social, emotional, medical, or learning challenges that may affect their ability to learn and socialize at Mifgash? no yes If yes, please explain:

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

[Type here]





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. This written permission must be presented to the Mifgash Director (Ruth Malka) before students leave the premises. Additionally, “Mifgash At The J” is NOT responsible or liable for students who leave the building for any reason during class hours.

Students are expected to show respect for one another, as well as for teachers, support staff, and the facility. If a student exhibits disrespectful or inappropriate behavior, the following procedures will be implemented:

1. The first time a student’s behavior is addressed, they will be asked to leave the class and speak with the director immediately.
2. Upon a second occurrence, the same procedure will be followed, and the student's parent(s) will be contacted.
3. If there is a third incident, the student may be asked to leave for the remainder of the semester or the whole year.

Student Signature

Parent/Guardian Signature

Date

MEDICAL AUTHORIZATION

I hereby give my permission for the child named above to participate in all activities of “Mifgash At The J.” I grant “Mifgash At The J” the authority to seek any emergency medical treatment for my child in the event of any illness or injuries sustained while participating in the program.

Parent/Guardian Signature

Date

PHOTOGRAPHIC RELEASE

I hereby grant “Mifgash At The J” and those acting with its permission or authority the right to take, use, and publish photographs of my child(ren) for use in publications related to the “Mifgash At The J” program. Additionally, I give my permission for “Mifgash At The J” to alter and/or copyright these photographs without restriction. This authorization and release covers the use of photographic material in any published form and medium for advertising or publicity purposes for an unlimited period.

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 welcomes students of any race, color, national origin, or ethnic background to participate in all programs and activities offered by the school. The program does not discriminate based on race, color, national origin, or ethnicity in the administration of its educational policies, admissions policies, scholarship policies, or any other school-administered programs.

[Type here]





You've taken an important step by prioritizing your child's Jewish education! This commitment will help shape their identity and values for a lifetime.

MIFGASH PAYMENT FORM

Please choose your payment below:

\$1,000 JCC members (Teen membership \$15 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, 2025.**
- **A deposit of \$250.00 per student is required by September 15.**

PAYMENT METHODS—MUST SELECT ONE

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

Please note that we impose a 2.35% fee on all credit card transactions.

\$1023.50 AJCC Members/ \$1228.20 Non-Members

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).

I would like to donate \$ _____ to support our Mifgash Families Scholarship Program

REGISTRATION FOR CLASSES WITH ADDITIONAL FEES \$35 FOR ART

My child may may not register for classes with fees for materials or supplies.

Financial Aid

If you are requesting financial aid, the \$250 deposit will be credited toward the total amount due once your financial aid package is approved. For families receiving scholarships, the payment plan will extend to the 15th of each month until April 15th, or until other funding sources—such as contributions from a synagogue, relatives, or fundraising—are secured and delivered to the Albany JCC by the parent or guardian. If an outside source contributes funds that exceed the amount already paid by the parent or guardian, a refund for the difference will be processed within one week.

Please note that the scholarship cap for the 2025-2026 school year is 20%, based on financial need.

Please sign here if requesting financial aid.

Parent/Guardian Signature

Date

[Type here]

