Student Registration Form

Academic Year 2026-2027

Mifgash At The J

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

Student Name: _____Birth Date:_____
Address:_____
Student Email: _____ Student Phone:_____
School: _____Grade:_____Are you a new Mifgash student? ☐ yes ☐ no

Please send school information to: ☐ Both Parents ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

Parent/Guardian 1
Title (Mr., Mrs., Ms., Dr.)_____ First:_____ Last:_____

Address: _____

Cell Phone: _____ Email: _____

Parent-Gurdian 2
Title (Mr., Mrs., Ms., Dr.)_____ First:_____ Last:_____

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)

MIFGASH CODE OF CONDUCT AGREEMENT

Students are NOT permitted to leave JCC during Mifgash class hours (Sundays, 5/6 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.

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.

STUDENTS OF TODAY.....LEADERS OF TOMORROW

MIFGASH PAYMENT FORM

8TH – 12TH GRADE STUDENTS WITHOUT HEBREW 101 COURSE:

☐ **$1,000** JCC members (Teen membership $16 a month)

☐ **$1,200** non-JCC members

12TH GRADE STUDENTS WITH HEBREW 101 COURSE:

☐ **$1,500** JCC members (Teen membership $16 a month)

☐ **$1,600** non-JCC members

12TH GRADE STUDENTS HEBREW ONLY:

☐ **$1,000** JCC members (Teen membership $16 a month)

☐ **$1,250** non-JCC members

I will pay all applicable fees the following way:

☐ Charge my credit/debit card. I understand there is a 2.9% free on all credit card transactions

Name:_____ Card type: MC Visa AmEx (circle)

Card number:_____ Exp Date:_____

☐ I will avoid credit card fees by paying with my checking account – voided check attached

A non-refundable deposit of $300.00 is due at the time of registration. Remaining balance will be paid in three installments (10/15, 11/15, and 12/15). No tuition refunds will be given for withdrawals after 10/15.

I would like to donate $_____ to support our Mifgash Families Scholarships Program.

Financial Aid - Scholarships are available for students enrolled in the full Mifgash program. Scholarships are limited to 20% of tuition amount over $1,000. For families receiving scholarships, the payment plan will be extended through 4/15/26 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 will be provided. ☐ Please check this box if requesting financial aid.

Please sign:

_____

Parent/Guardian Signature **Date**