



**MIROCHNICK RELIGIOUS SCHOOL**  
 6261SW 18th Street, Boca Raton, FL 33433  
 561.392.8005 Fax 561.362.0990  
 Website: www.bnai-torah.org  
**2010/2011 REGISTRATION FORM**

**ALL OF THE INFORMATION BELOW MUST BE FILLED OUT COMPLETELY**

Family (Last) Name (Please Print): \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 New Student     Returning Student     B'nai Torah Employee **check all that apply**  
 Street Address (Please Print): \_\_\_\_\_ **mother** Cell #: \_\_\_\_\_  
 City & Zip Code (Please Print): \_\_\_\_\_ **father** Cell #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Parent's Name (s): \_\_\_\_\_  
**Mr.** Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_  
**Mrs.** Occupation: \_\_\_\_\_ Work#: \_\_\_\_\_  
 Marital Status:     Married     Divorced     Separated     Widowed  
 With whom does your child live? \_\_\_\_\_

**To qualify for early registration tuition, forms must be remitted to B'nai Torah office and be postmarked by June 1, 2010 with a deposit of 50% of the total tuition. Incomplete forms and forms without proper payment will be returned to you, and you may not qualify for the early registration discount. The balance is due in full by August 1, 2010, unless a different payment schedule has been arranged. If your synagogue account is in arrears, you will not be eligible for early registration. If you are unable to pay full tuition, reduced fees may be arranged. Applications for reduced fees can be obtained from the synagogue office.**

Student's Last Name (Please Print): \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_  
 Student's First Name (Please Print):    Male     Female   
 Student's Hebrew Name (Please Print): \_\_\_\_\_  
 Name of Secular School (Please Print): \_\_\_\_\_  
 Day School Grade as of Sept. 2010: \_\_\_\_\_ Religious School Grade as of Sept. 2010: \_\_\_\_\_

**PLEASE INDICATE YOUR CHOICE OF SATURDAY, SUNDAY OR TUESDAY CLASS FOR GRADES K & 1**

- GRADES K & 1 SATURDAY 9:00 - 12:00     GRADES K & 1 SUNDAY 9:30 - 12:30
- GRADES K & 1 TUESDAY 4:30 - 6:30
- GRADES 2 thru 5 SATURDAY 9:00 - 12:00 & TUESDAY 4:30 - 6:30 OR     SUNDAY 9:30 - 12:30 & TUESDAY 4:30 - 6:30
- GRADE 6 SHABBAT (Saturday) 9:00 - 12:00 & THURSDAY 4:30 - 6:30
- GRADE 7 SHABBAT (Sat.) 9:00 - 12:00 & THURSDAY 4:30 - 6:30
- GRADE 8 SHABBAT (Sat.) 9:00 - 12:00 OR     THURSDAY 4:30 - 6:30
- GRADES 9 thru 12 WEDNESDAY 6:00 - 7:30 (High School Program)

Grade in 9/1/2010	Regular Tuition	Registration Deposit	EARLY REGISTRATION BEFORE 6/1/10	
			Discounted Tuition	Deposit
K & 1	\$650	\$325	\$615	\$308.00
2 thru 5	\$885	\$442	\$835	\$418.00
6 & 7	\$835	\$418	\$785	\$392.00
8 & 9	\$580	\$290	\$530	\$265.00
10	\$780	\$390	\$730	\$365.00
11 & 12	\$300 Members	\$350 Non-member		

(Turn Over)

## MEDICAL INFORMATION AND RELEASE FORM

***Your child will NOT be registered until this form is completed and submitted with the school Registration Form. Thank you for your cooperation. This information will be kept strictly confidential and used only in emergency situations.***

**Understanding your child's medical, physical, or psychological needs will help our staff secure your child's safety, well-being, and productivity in the classroom. Please indicate the applicable conditions below, and elaborate as needed:**

Student's Name (Please Print): \_\_\_\_\_

Grade: \_\_\_\_\_

Please list current medication with dosage your child is taking:

Medical Concern	Medication Dosage	Medical Concern	Medication Dosage
<input type="checkbox"/> ADD		<input type="checkbox"/> ADHD	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Learning Disabled	
<input type="checkbox"/> Perceptual Problems		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Visual Problems		<input type="checkbox"/> Speech Problems	
<input type="checkbox"/> Emotional Disturbances		<input type="checkbox"/> Allergies	
<input type="checkbox"/> Other (Please Specify): _____		<input type="checkbox"/> Other (Please Specify): _____	

Is there any other information you would like to share with us to help us provide your child with the most rewarding educational experience (Please Print)?

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*In the event of an emergency, surgical or otherwise, if I cannot be reached I hereby give permission for my child to be transported to the nearest medical facility and specifically authorize the representative of B'nai Torah Congregation to select a physician and/or authorize medical treatment, including hospitalization, anesthesia, injection, surgery, or other measures which he/she feels are in the best interest of my child.**

Signature: \_\_\_\_\_ Date (MM/DD/YY): \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (other than parents):**

**NAME (Please Print):** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**RELATIONSHIP (Please Print):** \_\_\_\_\_

**NAME OF CHILD'S PHYSICIAN (emergency only):** \_\_\_\_\_

**TELEPHONE NUMBER OF CHILD'S PHYSICIAN (emergency only):** \_\_\_\_\_

**INSURANCE CARRIER NAME (Please Print):** \_\_\_\_\_

**INSURANCE POLICY #:** \_\_\_\_\_

