

Bet Sefer 2014-2015

Registration/Release of Information Form

Child's Name _____ Birth Date _____ Age _____
Father's Name _____ Mother's Name _____
Parent's e-mail Address _____
Home Address _____ Town _____ State _____ Zip _____
Mailing Address _____ Town _____ State _____ Zip _____
Telephone: Home _____ Business _____ Cell _____
Second Home address, if different:
Home Address _____ Town _____ State _____ Zip _____
Telephone: Home _____ Business _____ Cell _____
Emergency contact (other than parents) _____ relationship _____
Telephone: Home _____ Business _____ Cell _____
Child's Physician _____ Telephone: _____
Child's Dentist _____ Telephone: _____
Name of Insurance _____ Primary Insured _____
Emergency Treatment Authorization Phone _____
Group # _____ ID# _____
Address _____ Town _____ State _____ Zip _____

Please list any food allergies or restrictions _____
Please list any allergies to drugs _____
Please list any allergies to other substances such as hay fever _____

Is your child taking any drugs? Please put dosage and for what condition: _____

Will it be necessary for your child to take medicine during school hours? If so, please list the drug, when to administer and what amount. _____

I give permission for Bet Sefer Staff to administer my child _____'s medicine.
Signature of Parent _____ Date _____

Does your child have any physical or emotional conditions that will limit his or her participation in activities? If you need extra space, continue on the back of this form: _____

In the event of an emergency and if I or my emergency contacts cannot be reached, I give Bet Sefer permission to authorize ambulance transportation, emergency room and any medical treatment deemed necessary by the attending physician for my child _____.
Signature of Parent _____ Date _____

Bet Sefer
Emergency and Personal Data

Child's Name _____
Parent/Guardian's Names: _____
Home Telephone: _____
Work Telephone: _____
Cell Phone: _____

Parent/Guardian's Names: _____
Home Telephone: _____
Work Telephone: _____
Cell phone: _____

Names and Numbers of at least three people who can be reached and pick up child in case of emergency or illness during camp hours in the vent the parents/guardians cannot be reached:

Name: _____ Relationship: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Name: _____ Relationship: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Name: _____ Relationship: _____
Work Phone: _____
Home Phone: _____
Cell Phone: _____

Parent's/Guardian Signature Date

Bet Sefer 2014-2015

Waiver Form

By my signature below, I do hereby and agree to hold harmless and indemnify the Jackson Hole Jewish Community's Bet Sefer teachers, employees, volunteers, and administration staff of such insurance carrier from any and all claims, actions or damages without limitations whatsoever, whether consisting of personal injury, property damage, or death that does or may result in any way from my child's participation in this The Jackson Hole Jewish Community's Bet Sefer program, whether such injuries of any kind or nature or such death is caused by their negligence or not, assuming my child in any all responsibility and liability for the same.

I further agree to indemnify and hold harmless all of those named above from any damages or costs or expenses whatsoever which they or any of them may sustain as a result of my child's participation in the Jackson Hole Jewish Community's Spirit of the Mountains Summer Day Camp, my child as participant, completely understand that my signature below constitutes a covenant and a promise on my part to fully discharge all of the above named parties from any and all liability of any kind from any injuries, loss damage or death which may result from my child's participation in the Jackson Hole Jewish Community's Bet Sefer.

This release is binding, and so I understand not only upon myself, but upon my heirs, administrators, cherished pets, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effects, and the totalness of the waiver of any rights that I otherwise would have had, had this agreement not been executed.

Child's Name _____

Parent's/Guardian's Signature: _____

Date: _____

Bet Sefer

Arrival and Departure

Classes will be held at the JHJC Center at 150 Scott Lane. Students are expected to arrive between 3:45 p.m. & 4 p.m. and be picked up promptly at 6 p.m. A faculty member will be present to receive children from 3:45 p.m. Parents are asked not to drop children off without assuring that an adult knows the children are there.

Please discuss and arrange any specific needs with the Bet Sefer Director.

Please make teachers aware of early pick-up schedules in advance. Please come in rather than have your child meet you outside. Please be sure that the teacher sees you and knows you are leaving with your child.

The following people (including parents) have permission to bring my child to and from Bet Sefer:

Name	Relationship	Phone	Cell Phone

Please inform the director of any changes

Parent's/Guardian's Signature

Date

September 2014

Dear Parents,

We welcome you and your children back to another fun year at Bet Sefer. Classes are held Thursdays from 4:00- 6:00 p.m. at the Jackson Hole Jewish Community Center at 150 Scott Lane, Jackson. We are thrilled to introduce our team this year, Andrea Mazer, Josh Kleyman and Judd Grossman and along with other visiting instructors and artists.

The Bet Sefer tuition for this year (5775) will be: \$425 including materials/\$375 for second child for members; \$625 for non-members. The Jackson Hole Jewish Community insists that no child in our community should go without Jewish education for financial reasons. If you need some assistance for your family, please contact the JHJC office, and a payment plan or financial scholarship will be provided.

As part of our community's commitment to education, the Bet Sefer is subsidized by general contributions to the Jackson Hole Jewish Community. If you feel you can afford more than the set tuition, and wish to further support our Hebrew/Judaica program, an additional, tax-deductible donation would greatly assist the future of the Bet Sefer.

Please fill out the attached registration forms. If your child was registered in Spirit of the Mountains Summer Day Camp 2013, you do not need to fill out the first page as we have this information on file. We do, however, need everyone to fill out the other three pages.

Correspondence and tuition checks (payable to the "Jackson Hole Jewish Community") may be sent to:

Jackson Hole Jewish Community
Attn: Bet Sefer
P.O. Box 10667
Jackson, WY 83002

We look forward to seeing you and your children soon and can't wait for another great year of Jewish education in Jackson, WY.

Le'hitraot (See You Soon),
Andrea, Josh and Judd