

Kivun Registration Form 2020-21

Parents' Information

Father's Name First Name _____ Last Name _____

Father's Email _____

Father's Cell _____

Father's Work Number _____

Mother's Name First Name _____ Last Name _____

Mother's Email _____

Mother's Cell _____

Mother's Work Number _____

Check which apply: ☐ Mother born Jewish ☐ Mother converted

Address Street Address: _____ City: _____

State: _____ Zip: _____

Country: _____

Family that referred me: _____

Kivun Registration Form 2020-21

Child's Information

Full Name First Name _____ Last Name _____

Hebrew Name _____

Birth Date _____ (month/day/year)

Help us figure out the Hebrew birthday!

- ☐ born during the day
- ☐ born during the evening
- ☐ born at dusk/sunset

School _____

Does your child have special needs we need to know about?*

- ☐ Yes
- ☐ No

If yes, what's the diagnosis, and do he or she have a para

Please list any allergies or medications the child is taking.

Kivun Registration Form 2020-21

Emergency Information

Doctor's Name _____

Phone Number _____

Emergency Contact First Name _____ Last Name _____

Relationship to Child _____

Emergency Cell _____

Emergency Home Number _____

Authorized to Pick Up

☐ Parent ☐ Emergency Contact ☐ Other

Pick up's Number _____

Authorization

I hereby give permission for my child to be transported to and from field trips, and to participate in them in all Kivun activities. I understand that during the course of Kivun my child can be hurt. I accept the risk of possible injury and authorize any member of the Chabad of the West Side staff to render any necessary first aid. Furthermore, in an emergency case, I hereby authorize Chana hertz or another staff member to have my child taken care of by a physician or other medical person in any way the situation calls for.

Kivun Registration Form 2020-21

Transport/Emergency Care as listed above

- ☐ I give permission
- ☐ I don't give permission

Initial Here _____

I give permission to Chabad of Bensonhurst and Kivun, and those authorized by Chabad, to take photographs and to make recordings of my children and my family, and to use them in original or modified form in all media now or hereafter known, with or without my name or information about me, for the promotion, public education, and/or fundraising activities of Chabad of Bensonhurst.

Media Authorization

- ☐ I give permission
- ☐ I don't give permission

Initial Here _____

Kivun Registration Form 2020-21

Schedule and Payment Options

Twice a week : \$1200 for the year

Once a week: \$700 for the year

Sibling Discount: *10% sibling discount for 2nd and 3rd children in the same family*

Ambassador Discount: Get another family to register for Kivun for the year, you will get \$100 off your tuition!

Payment Schedule:

Deposit due at registration: \$100 (applied toward your tuition)

Upon acceptance, we will bill you for your balance either

Two days: \$550 due on September 22, \$550 due on January 1

One day: \$300 due on September 22, \$300 due on January 1.

Deduct 10% of total for second and third child.

Please select whether your child will attend once or twice a week:

Schedule Options:

☐ Once a week - \$700 for the year ☐ Twice a week \$1200 for the year

I am registering my child for:

☐ Option One - In Person ☐ Option Two - At Home

Please bill me as follows:

☐ \$550 due on September 22, \$550 due on January 1

☐ \$300 due on September 22, \$300 due on January 1.

Kivun Registration Form 2020-21

Deposit ☐ \$100

Payment

☐ Credit Card ☐ Check or Cash

We look forward to a wonderful year of learning and growth!