MERKAZ
Community High School for Judaic Studies
A program of the Federation for Jewish Philanthropy of Upper Fairfield County

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RETURNING STUDENT REGISTRATION FORM 2021-2022 / 5782

Please Complete An Entire Application
For Each Student And
Submit With Your Tuition Form.
All Information Will Be Kept Confidential.

Attach Recent Photo Here

STUDENT INFORMATION

PLEASE PRINT CLEARLY

NAME: _____ _____ _____
Last First Middle

ADDRESS: _____ _____
No./Street/Apt. City Zip Code

Student's E-mail _____

Student Cell _____ Grade As Of Sept. 2021_____ Gender _____

IS THE STUDENT VACCINATED FOR COVID? Yes _____ No_____
PLEASE ATTACH A COPY OF THE COVID VACCINATION FORM.

PARENT / GUARDIAN INFORMATION (Complete Only If Information Has Changed From Last Year)

Parent's Name _____ _____
Cell Phone

Parent's E-mail _____

Parent's Name _____ _____
Cell Phone

Parent's E-mail _____

CURRENT SYNAGOGUE AFFILIATION:_____ N/A _____

PARENTAL MARITAL STATUS: _____

Student Lives With: ☐ Both Parents ☐ Father ☐ Mother ☐ Shared Custody ☐ Other _____

FOR NON-CUSTODIAL PARENT TO RECEIVE MERKAZ INFORMATION, PLEASE COMPLETE THE FOLLOWING:

NAME: _____

ADDRESS: _____ _____ CITY: _____ STATE _____

ZIP: _____ PHONE: ( ) _____-_____ E-mail _____ ----_____

PLEASE NOTIFY THE MERKAZ OFFICE IMMEDIATELY IF ANY OF THE ABOVE INFORMATION CHANGES.

PLEASE CONTINUE

Merkaz Welcomes *And* Appreciates Participation From Our Parents.

Would you be interested in volunteering? _____ Yes _____No

MERKAZ PERMISSION – AUTHORIZATION FORM 2021 - 2022

PLEASE READ THE FOLLOWING AND CHECK THE APPROPRIATE BOXES BELOW:

☐ **Merkaz will be using an SMS push notification system to reach students and families. We are opting in and allowing Merkaz to push information out to our cell numbers.**

☐ **I give permission to Merkaz to take whatever emergency measures (e.g., first-aid, disaster evacuation) as judged necessary for the care and protection of my child while under the supervision of Merkaz.**

☐ **I understand, that should a medical problem arise, all reasonable attempts will be made to reach the parents/ guardians or emergency contact designated on the Registration Form. However, should these attempts fail, and the student requires immediate medical consultation or treatment, I as parent/guardian, hereby authorize such consultation or treatment.**

☐ **We have read and are aware of the Student Policies listed on the Merkaz web site. Specifically, we understand that any use of illegal substances or alcohol by my child will result in immediate disciplinary action.**

☐ **My child may participate in official Merkaz field trips and in Merkaz special programs away from the school facility.**

☐ **We understand that students participating in Special Programs and trips must respect and abide by rules and policies particular to those premises and/or activities.**

☐ **Merkaz has permission to photograph/film my child for art, advertising, on Facebook, our mobile app, and / or the Merkaz website and to use these photographs without compensation or additional restrictions. Merkaz has my permission to use and /or edit comments from evaluation surveys for press releases or marketing materials, such as Facebook, our mobile app, and the website.**

WAIVER OF RESPONSIBILITY

In consideration of services provided by Merkaz Community High School For Judaic Studies, I do hereby release Merkaz of any damage, injuries or other claims, which may arise out of normal and properly supervised activities involved in the Merkaz program.

We have read and agree to all of the above. Should emergency information change, we will immediately notify the Merkaz office at (203) 659-3604 or by e-mail to margeryv@merkazct.org.

_____ _____

Student Name (Please Print) Signature Parent Name (Please Print) Signature

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Please share the names and contact information, if available, of high school friends (affiliated or unaffiliated) who you think would be interested in receiving information about Merkaz.

Name _____ E-mail _____ Grade _____

Address _____City _____ Phone _____

Name _____ E-mail _____ Grade _____

Address _____City _____ Phone _____

PLEASE CONTINUE

CONFIDENTIAL MERKAZ 2021-2022 MEDICAL INFORMATION

STUDENT'S NAME: _____

In order to best accommodate your child's needs and serve the school community, it is important that the Merkaz office is advised of any pre-existing conditions or educational concerns associated with your child. All information is confidential and will only be shared with the child's teacher when appropriate. Please take a few minutes to answer the following questions if applicable. Please be as specific as possible.

1. PLEASE LIST HEALTH / MEDICAL CONDITIONS, MEDICATIONS, OR SPECIAL TREATMENTS REGARDING YOUR CHILD. (i.e., Epi-Pen, Allergies, Chronic Conditions, etc.) Please explain:

_____
_____
_____
_____

2. PLEASE LIST SPECIAL NEEDS, LEARNING DISABILITIES, SOCIAL, EMOTIONAL, OR FAMILY ISSUES WHICH MAY AFFECT YOUR CHILD'S LEARNING. Please explain and include accommodations which may be of assistance.

_____
_____
_____
_____

3. DESCRIBE ANY SPECIAL EDUCATION SERVICES YOUR CHILD RECEIVES IN HIS/HER REGULAR EDUCATIONAL PROGRAM.

_____
_____
_____
_____

4. PLEASE LIST ANY DIETARY RESTRICTIONS AND / OR ALLERGIES THE STUDENT MAY HAVE. (Please explain):

_____
_____

IF PARENTS/GUARDIANS CANNOT BE REACHED, IN CASE OF EMERGENCY CALL:

NAME: _____ RELATIONSHIP: _____

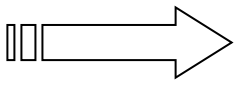
PHONE: (_____) _____-_____ CELL PHONE: (_____) _____-_____

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

_____ _____

Signature of Parent or Guardian **Date**

PLEASE CONTINUE



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STUDENTS – We Need To Know More About You!
Please answer with a Yes/No or provide what information you can.

Do you have a passion or interest in:

1) Photography _____ Do you develop film? _____

2) Video production /iMovie or more advanced softwares _____

3) Promotion/marketing via social media _____

4) Building or enhancing websites _____

5) Fundraising/development/non profit advancement _____

6) Pen pal /buddy program with younger Jewish members of the community _____

7) Pen pal/buddy program w a senior resident _____

8) Are you artistic? _____

9) Do you play a musical instrument? If so which instrument _____

10) Do you sing _____ OR can you do a voice over for video? _____

11) Would you work on issue of food instability? _____

12) What is your favorite elective taken at school OR an elective that you wish your schedule allowed for? _____

13) What in school or after school clubs do you enjoy? _____

14) What is your favorite charity/mitzvah work you have done in the past or hope to continue with?

_____

15) What sport (s) do you play? _____

16) Are you a techie? _____ Could you help a faculty member with technology? _____

Thank you!