

# Emanuel Synagogue Kef Kids Registration Form

## Student Details

Surname:  First Name:

Gender:  Date of Birth:  /  /

Hebrew Name:    v'   
Your Hebrew Name Ben/Bat Father's Hebrew First Name Mother's Hebrew First Name

Primary School:  Current Year Level:

## Parent Details

### Parent 1

Full Name:

Email:

Mobile:

Address:

Suburb:  Postcode:

Hebrew Name:   
 ben/bat

Religion:

### Parent 2

Full Name:

Email:

Mobile:

Address:

Suburb:  Postcode:

Hebrew Name:   
 ben/bat

Religion:

## Emergency Contact Information

### Contact Information

**Full Name:**  **Mobile:**   
**Email:**  **Relationship to Child:**   
**Address:**  **Suburb:**  **Postcode:**

### Emergency Medical Care (parents will be notified immediately in the event of any emergency involving their child)

**Family Medicare No**  **Private Health Fund**  **Membership No**

**Name of Family Physician**  **Telephone**

**Address:**  **Suburb:**  **Postcode:**

**Is your child on regular medication?**  Yes  No **If yes, which:**

**Does your child suffer from any allergies?**

**Does your child have any special medical conditions?**

In the event of an emergency involving my child  I give my consent for Emanuel Synagogue Hebrew and Religion School to seek and administer the appropriate medical care at my expense, with the understanding that I will be notified as soon as possible of any such incident.

**Name:**  **Signature:**  **Date:** / /

## Permissions

### Photos

I give permission for my child's photos or student work, including my child/children's names, to be used in communications about the Emanuel Synagogue *Kef Kids* Program. This may include publicity in Emanuel Synagogue newsletters, the Australian Jewish News, the Emanuel Synagogue website and other similar publications.

Yes  No

### Withdrawal of a Student from the Kef Kids Program

*Parents must notify the school if their child is withdrawn from the Kef Kids program for any reason at any time.*

In the event of my child leaving the *Kef Kids* program I agree to notify the Head of youth Education, by email or in writing, prior to the commencement of the next term.

Yes  No

### Release & Indemnity

I agree that neither Emanuel Synagogue, Emanuel Synagogue Hebrew and Religion School, nor the Board of Progressive Jewish Education (BPJE) will be responsible for any injury or loss which my child may suffer while attending the school. I accordingly hereby release Emanuel Synagogue, Emanuel Synagogue Hebrew and Religion School and BPJE, as well as any of its officers, staff (both administrative and non-administrative) from any liability for any such injury or loss and indemnify each of them against all actions, claims or proceedings which may be brought against all or any of them by reason thereof.

Yes  No

### Acknowledgement of above three sections

Name:  Signature:  Date:  /  /

## Payment Form

### Student Tuition Fee Schedule 2020

Fees	Members	Non-Members
Course fee (per child, per term)	\$100.00	\$160.00
Security Levy per year (voluntary)	\$50.00	\$50.00

*Please note that you will be automatically billed each term, unless you have provided written notification of intended withdrawal as per point number 2 under permissions above.*

Instalment Method ):

Payment Method:  Cheque  Credit Card(Visa/Mastercard [incurs 1.42% fee] or AMEX [incurs 1.8% fee])

-  -  -  Expiry:  /  CVC:

Name on Card:

Direct Deposit Account Name: Emanuel Synagogue BSB: 062198 A/C No: 1067-7810

### Office Use Only

- Form Saved on Drive (SV)
- Add to Class Roll (SV)
- Added "Kef Kids" Tag in ShulCloud (SV)
- Finance Team have processed fee (FA)
- Send Start Date Confirmation Email to parents (RK/DJ)