

Havurah High School– 5770 (2009-2010) Registration/Emergency Information

REGISTRATION DEADLINE: Until August 30th, we will register only Havurah members and continuing non-members - on a first come-first served basis. After that, we will open remaining spots to new non-members.

If the enrollment limit is reached, students will be placed on a waiting list.

TUITION: Havurah members = \$200/student (\$350 maximum/family); non-members \$300/student.

PLEASE SUBMIT THIS FORM (1 FOR EACH STUDENT, EACH YEAR) WITH YOUR CHECK TO:

HAVURAH SHALOM, 825 NW 18TH AVE., PORTLAND, OR 97209-2333.

This form and payment must be submitted to the Havurah Office in order for your child to be officially registered.

Student's English Name: _____ Gender: F M

Date of Birth: _____ Grade: _____ High School: _____

Student's address: _____

Home phone: _____ Student's E-mail address: _____

Parent/Guardian 1: _____ Phone(s): _____

Parent/Guardian 2: _____ Phone(s): _____

Parent/Guardian e-mail address: _____

NOTE: we do most of the contact by e-mail, so if this is inconvenient for you or you don't have an email address, please let us know.

Emergency contact: _____ Phone: _____

Doctor: _____ Phone: _____

Preferred Hospital _____ Last Tetanus shot: _____

Allergies or serious medical concerns: _____

Medical Insurance Co.: _____

Group #: _____ ID#: _____

Havurah member _____ Non-member _____

If there is any other information about your student's social, intellectual, or medical well-being that is important for the teachers or retreat leaders to know, please note here. If you would like to share information confidentially, contact Susan Lazareck at 503 880 5711 or suzareck@comcast.net

OVER PLEASE

Carpools help make this program work; **ONLY PARENTS CAN BE CARPOOL DRIVERS** (unless there is an indemnity agreement for the current school year on file in the Havurah Shalom office).

Parent/Guardian #1 Driver's License number: _____

Parent/Guardian #2 Driver's License number: _____

Car Ins. Co. _____ Policy # _____

of available seat belts _____

Possible carpool families:

I understand and agree to transportation of my child in private vehicles in connection with the Havurah High School program. I understand that most of the classes will be held in a central location, but on occasion field trips to other locations may occur. I understand the prior notification of field trips may not always occur. In case of an emergency when I cannot be contacted, I authorize the Havurah High School parent volunteer(s) to obligate me for the services of medical personnel and act as my agent in securing emergency treatment. This authorization is valid from 9/2009 to 6/30/2010.

Signature of Parent/Guardian: _____ Date: _____