

**In order to complete the enrollment process, each student's medical history must be filled out in its entirety.**

**STUDENT 1 MEDICAL HISTORY**

Life Sustaining Medication: \_\_\_\_\_

Medical Conditions (e.g. Life threatening disease/allergies to medication or food) \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**STUDENT 2 MEDICAL HISTORY**

Life Sustaining Medication: \_\_\_\_\_

Medical Conditions (e.g. Life threatening disease/allergies to medication or food) \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**STUDENT 3 MEDICAL HISTORY**

Life Sustaining Medication: \_\_\_\_\_

Medical Conditions (e.g. Life threatening disease/allergies to medication or food) \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

ETZ CHAIM STUDENT ENROLLMENT



**STUDENT ENROLLMENT 2018/2019**

DATE \_\_\_\_\_

*Please note that the Etz Chaim Student Enrollment form may be filled out for up to 3 children. Tuition and Schedule forms (inserted) must be filled out individually for each child.*

**STUDENT 1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Date Of Birth \_\_\_\_\_  Male  Female \_\_\_\_\_ Secular School \_\_\_\_\_

**STUDENT 2 (IF APPLICABLE)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Date Of Birth \_\_\_\_\_  Male  Female \_\_\_\_\_ Secular School \_\_\_\_\_

**STUDENT 3 (IF APPLICABLE)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Applying for Grade \_\_\_\_\_

Date Of Birth \_\_\_\_\_  Male  Female \_\_\_\_\_ Secular School \_\_\_\_\_

Child/Children Lives With:  Both Parents  Mother  Father  Guardian  Other \_\_\_\_\_

Parents Are:  Married  Divorced  Separated  Widowed

**PARENT/LEGAL GUARDIAN 1**

Mr.  Ms.  Mrs.  Dr.

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

( ) \_\_\_\_\_

Business Phone \_\_\_\_\_

**PARENT/LEGAL GUARDIAN 2**

Mr.  Ms.  Mrs.  Dr.

First and Last Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

( ) \_\_\_\_\_

Home Phone \_\_\_\_\_

( ) \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

( ) \_\_\_\_\_

Business Phone \_\_\_\_\_

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## ENROLLMENT AND RESPONSIBILITY AGREEMENT

By signing this Enrollment Agreement I am acknowledging and agreeing to the following:

1. I/We understand that my/our child/children may not attend VBS Etz Chaim Learning Center unless I am a/we are member(s) in good standing of Valley Beth Shalom and that I/we have paid the full amount of the non-refundable tuition required for my/our child/children grade level(s). Should I/we need assistance with tuition it is my/our responsibility to contact the Valley Beth Shalom Administrative Office to set up the terms and conditions of my/our payment plan.
2. I/We understand that the Etz Chaim Learning Center will enforce a behavior management policy, and that all students are required to adhere to school and classroom policies as stipulated in the Etz Chaim Learning Center responsibility agreement in the parent/student guide I/We understand that serious infractions such as, but not limited to, stealing, fighting, possession of contraband on campus (weapons, drugs or alcohol), willful destruction of school property, and/or bullying (including sexual harassment) will result in an immediate removal from class and dismissal with no refund of tuition.

I/We have read, understood and agree to be bound by this enrollment agreement for myself/ourselves and on behalf of my/our child/children.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## RELEASE INFORMATION

### MEDICAL EMERGENCY RELEASE :

In the event of a medical emergency, in accordance with the VBS Etz Chaim Learning Center's emergency procedure, I/we, the undersigned parent(s)/legal guardians of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, a minor(s), do hereby release the appropriate personnel of Valley Beth Shalom to either administer first aid OR release the child/children to an emergency hospital or disaster center, for further treatment, as they deem necessary. Furthermore, I/we authorize appropriate personnel of Valley Beth Shalom acting on behalf of VBS Etz Chaim Learning Center, to consent to all emergency medical care for this child/children to be rendered by a duly licensed physician, surgeon, dentist and/or other medical professional. This care may be given under whatever conditions are necessary to preserve the health and safety of the child. I/we further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, VBS Etz Chaim Learning Center personnel will try, but are not required, to communicate with me/us prior to

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PICK UP RELEASE :

In accordance with the VBS Etz Chaim Learning Center's emergency procedures, I authorize the release of my child/children to the following (list below contacts that are located within close proximity to the school):

NAME/RELATIONSHIP	PHONE
_____	( ) _____
_____	( ) _____
_____	( ) _____
OUT OF STATE CONTACT/RELATIONSHIP	( ) _____

### PHOTO/AUDIO/WEBSITE RELEASE :

I give permission for photographs, slides, video or audio to be taken of my child/children to be used for the VBS Etz Chaim Learning Center calendar, website, public relations and promotional purposes. I understand that none of the above may be used by the mass media for newspaper or television stories without my consent for usage.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DIRECTORY RELEASE :

I give my permission for my name, address, telephone number, and email address to be given to other parents in the VBS Etz Chaim Learning Center.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FIELD TRIP RELEASE :

I give permission and consent to VBS Etz Chaim Learning Center and its employees and agents to take my child/children on field trips as part of the normal curriculum and, to the extent possible, absolve VBS Etz Chaim Learning Center and Valley Beth Shalom and its employees and agents from any liability for personal injury to my child or property damage, except for injuries resulting from gross negligence of VBS Etz Chaim Learning Center, Valley Beth Shalom or their employees or agents.

I understand that for all field trips that require transportation, I will receive a permission slip. Unless I have signed the permission slip my child will not be permitted to go on the trip.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Should any of the above medical, emergency, or release information (including change of address or phone number) change within the duration of the 2018/2019 school year it is your responsibility to inform the Etz Chaim Learning Center Administrative office in writing.***