



Registration Form 2008-2009 / 5769

Midrasha in Berkeley 1301 Oxford Street Berkeley, CA 94709 510-843-4667 FAX 510-843-4642 diane@midrasha.org www.midrasha.org	Midrasha in Contra Costa 74 Eckley Lane Walnut Creek, CA 94596 925-944-4701 FAX 925-944-4703 office@ccmidrasha.org www.ccmidrasha.org	Midrasha in Tri-Valley/Tri-Cities 3400 Nevada Court Pleasanton, CA 94566 925-549-1664 FAX 925-931-1054 midrashatvtc@gmail.com	Midrasha in Oakland 2808 Summit Street Oakland, CA 94609 510-444-6744 FAX 510-465-0603 Midrasha-oak@wli.net www.oaklandsinai.org	Temple Isaiah Teen School 3800 Mt. Diablo Blvd. Lafayette, CA 94549 925-284-9191 FAX 925-283-8355 fax youth@temple-isaiah.org
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Student Information (please print clearly and mail to the appropriate location above)

First Name _____ Last Name _____
 Date of Birth ___/___/___ Sex Male Female Student Email _____
 Student Personal Phone _____
 Secular School _____ Grade in School _____ Grade at Midrasha (if different): _____

Midrasha Program

8th Grade Gesharim: (one is required - please check *all that apply*):
 Rites of Passage (circle one): Oct. 3-5, 2008 or Oct. 24-26, 2008
 Gesharim Retreat (May 15-17, 2009)

9th Grade (Etgat): with retreats (required)

10th - 12th Grade: (please check *one*)

- 10th Grade WITH Retreats 11th Grade WITH Retreats 12th Grade WITH Retreats
 10th Grade WITHOUT Retreats 11th Grade WITHOUT Retreats 12th Grade WITHOUT Retreats

Midrasha Location

Berkeley Oakland
 Contra Costa Temple Isaiah
 Tri-Valley/Tri-Cities

8th and 9th Graders ONLY: List two roommate requests for retreats. 1. _____ 2. _____

Parent/Guardian Information

If parents live in separate households - student lives with: Both Parents Parent I only Parent II only

Send mail to: Both Parent/Guardian I only Parent/Guardian II only

Parent/Guardian I:

Name _____
 Address _____
 City _____ Zip _____
 Synagogue Membership (if any) _____

Home phone _____
 Day/Work Phone _____
 Parent Email _____
 Cell phone _____

Parent/Guardian II:

Name _____
 Day/Work Phone _____
 Parent Email _____
 Cell phone _____

If Parent II lives in a separate household:

Home Phone _____
 Address _____
 City _____ Zip _____
 Synagogue Membership (if any) _____

Emergency Contacts (one of the following people will be notified if neither parent can be reached):

Name _____
 Relationship _____ Phone _____

Name _____
 Relationship _____ Phone _____



Additional Information and Signatures Required on Reverse Side



Student Name: _____ Midrasha: BRK CCM TV/TC OAK T.I.

MEDICAL AND INSURANCE INFORMATION

Doctor's Name _____	Doctor's Phone _____
Dentist's Name _____	Dentist's Phone _____
Insurance Company _____	Policy Number _____

During a retreat or overnight, all medications must be turned in to the retreat leader. Participants may keep only EPI pens and inhalers. If your child requires hospital care while on the retreat, your medical insurance will be billed.

Please indicate any and all specific medical and/or psychiatric conditions including but not limited to asthma, allergies, depression, or dietary restrictions. All information is strictly confidential.

Does your child take medication, including for emotional or psychological reasons?

Medication name and dosage: _____

For what condition is medication being taken? _____

Does your child have or has s/he ever had any of the following?

- An anaphylactic reaction Yes No
- Specific physical condition/illness such as epilepsy, asthma, allergies, diabetes Yes No
- Special learning or emotional needs such as autism, developmental delays, or ADD Yes No
- Special dietary needs Yes No
- Any significant life changes or disruptions about which we should be aware Yes No

If you answered "yes" to any of the above questions, please describe below:

The CJLL Retreat Coordinator/Midrasha Director has my permission to dispense over-the-counter medications such as acetaminophen, ibuprofen, or antihistamines to my child. Yes No

MEDICAL RELEASE

I/We, the undersigned parents of _____, a minor, do hereby authorize Midrasha and CJLL staff as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until June 30, 2009.

PARENT/GUARDIAN UNDERSTANDING: PERMISSION

- 1) I authorize my child to leave the CJLL/Midrasha site for supervised field trips. I give my permission to Midrasha and CJLL to use this emergency information for all classes, events, and retreats attended by my child. In the event that this information changes or that I will be out of town, I will provide the Midrasha Director and/or CJLL Youth Services Director with updated emergency contact information.
- 2) I have instructed my child to abide by all rules of safe and respectful conduct during Midrasha and CJLL Retreat activities. I understand that failure to follow safety rules will result in my child being sent home at my expense and being excluded from future activities.
- 3) At its discretion, the Midrasha Director or CJLL Leadership may remove my child from any program or retreat for reasons related to health or violations of Midrasha policies and Code of Conduct. Upon request, I agree to arrange for my child to be picked up from any retreat or Midrasha program immediately.
- 4) Neither I nor any other representative of ours will sue, claim against, attack the property of, or prosecute any of the Jewish Community Federation of the Greater East Bay and Midrasha, their directors, officers, agents and employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, incapacity, medical cost, expense, damage, claim, or liability, howsoever caused, and regardless of whether caused directly or indirectly by my child's acts or any acts arising out of or in connection with their participation in Midrasha, the CJLL retreat program, or any activity associated with either program.
- 5) I understand that if the online RSVP is not received by the printed deadline, my child may not be able to attend the retreat.
- 6) I grant permission for the use of still and moving photos of the above named minor in Midrasha and CJLL Youth Services promotional materials, unless otherwise indicated in writing.

STUDENT UNDERSTANDING: MIDRASHA POLICIES & CODE OF CONDUCT

- 1) I will attend and participate fully in Midrasha and CJLL Retreats, unless my parent(s) expressly permit me to arrive late or depart early. During the announced class and programming hours, I will attend the class/program from beginning to end, and will remain onsite during the clearly announced breaks.
- 2) I am aware that the possession or use of weapons, violence, drugs, or alcohol is forbidden. I will pay for any damages I cause at Midrasha or retreat sites.
- 3) I agree to abide by the Policies and Code of Conduct as described in the Midrasha Program Brochure; the Gesharim, Etgar, and Keshet Handbooks; and those rules delineated by the directors, teachers, and staff(s) of Midrasha, Gesharim, Etgar, and Keshet. I understand that violation of the Midrasha/CJLL Policies and Code of Conduct may result in immediate dismissal from the program.

Signatures (registration will not be accepted without both student and parent signatures)

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

MIDRASHA TRI-VALLEY/TRI-CITIES

8th – 12th Grade Program Fees Worksheet

Gesharim, Etgar and Kesher

2008-2009/5769

**Please complete this form for each child and submit along with your registration form and check payable to Midrasha TV/TC.
Mail all materials to: Midrasha Tri-Valley/Tri-Cities, 3400 Nevada Ct., Pleasanton, CA 94566**

Student's name _____ Grade in Midrasha _____

1. **Midrasha Tuition Fee** (Sunday evening class) – all grades \$ 375

If your family is *not* affiliated with Congregation Shir Ami, Temple Beth Torah,
Congregation Beth Emek, or a synagogue associated with another Midrasha campus,
add \$125 to the Midrasha Tuition Fee. + _____

I wish to make a tax-deductible contribution to support enhanced Midrasha programming in 2008-09.
Your gift of \$36, \$54 or any amount is greatly appreciated! + _____

2. **Retreat Program Fees** (enter amount on appropriate line)

8th Grade – Required: Gesharim Curricular Package (\$200) + _____

Includes day-long excursion (12/7/08) **and choice of one** of the following retreats:

_____ Rites of Passage I – backpacking trip (Oct. 3-5, 2008)

_____ Rites of Passage II – backpacking trip (Oct. 24-26, 2008)

_____ Gesharim retreat (May 15-17, 2009)

8th Grade – Optional: You may participate in *one* Rites of Passage trip **and** the Gesharim retreat.
If you wish to do this, check two options from the list above and *add \$200 to the program fee.* + _____

9th Grade – Required: Etgar Retreat Package

10th-12th Grade – Encouraged: Kesher Retreat Package

The fee for the Etgar and Kesher retreat program is \$920 per student (unsubsidized). In an effort to make the Midrasha retreats accessible to all students, the Jewish Community Federation of the Greater East Bay makes subsidies available to all participants. Families able to pay the \$920, or anything above the subsidized cost of \$660, are requested to do so. Families needing financial aid beyond the \$260 subsidy should request a financial aid form by checking the appropriate box in item 5 below. **Midrasha retreats are part of an integrated educational program; retreat fees are NOT prorated for missed weekends.**

Select the fee that applies to your 9th-12 grader's retreats:

_____ Full program fee for Etgar (9th grade) or Kesher (10th-12th grade) retreat program: \$920 + _____

_____ Partially subsidized cost: any amount between \$660 and \$920 + _____

_____ Maximally subsidized cost: \$660 (subsidized by the Jewish Community Federation) + _____

If your family is *not* affiliated with Congregation Shir Ami, Temple Beth Torah, Congregation
Beth Emek or a synagogue associated with another Midrasha, *add \$45 to the Retreat Program Fees* + _____

3. Voluntary donation to the Midrasha Scholarship Fund (to help students with financial need) + _____

Subtotal _____

4. Deductions: From the subtotal, you may be eligible for the following discounts:

• *Multiple student discount:* Deduct \$18 each for the 2nd or 3rd sibling registering concurrently – _____

• *Early-bird discount:* Deduct \$18 *per family* for registration and full payment by Sept. 10, 2008 – _____

Total fees \$ _____

5. Payment options:

_____ Full payment of Midrasha tuition and retreat fees is enclosed (check payable to Midrasha TV/TC).

_____ Payment of half the total amount due is enclosed; I will pay the balance in full on or before December 15, 2008.

_____ I will make eight equal monthly payments in the amount of \$ _____ each from September 2008 through
April 2009. Enclosed is the first installment.

_____ I need financial assistance beyond the payment options outlined above; please send me a financial aid application.

Midrasha will strive to meet your family's full financial need. Financial aid requests are handled in strict confidence.

If you have any questions, contact Day Schildkret, Midrasha TV/TC Director, at 925-549-1664 or midrashatvtc@gmail.com.