



YACHAD COMMUNITY HIGH SCHOOL

# Student Information 2010-2011

ALL INFORMATION IS STRICTLY CONFIDENTIAL IN KEEPING WITH THE PRIVACY OF INFORMATION ACT, 1974

STUDENT NAME	CELL PHONE	DATE OF BIRTH	○ M ○ F
	E-MAIL	GRADE	SECULAR SCHOOL
STUDENT NAME	CELL PHONE	DATE OF BIRTH	○ M ○ F
	E-MAIL	GRADE	SECULAR SCHOOL
STUDENT NAME	CELL PHONE	DATE OF BIRTH	○ M ○ F
	E-MAIL	GRADE	SECULAR SCHOOL

### PRIMARY HOUSEHOLD

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

SYNAGOGUE AFFILIATION (IF ANY) \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

CELL PHONE: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

OCCUPATION/SPECIAL SKILLS \_\_\_\_\_

### SECONDARY HOUSEHOLD

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

SYNAGOGUE AFFILIATION (IF ANY) \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

CELL PHONE: MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

OCCUPATION/SPECIAL SKILLS \_\_\_\_\_

### EMERGENCY CONTACTS

One of the following people will be notified if parents cannot be reached.

NAME #1 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME #2 \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

### MEDICAL/PSYCHIATRIC CONDITIONS

**This information is kept strictly confidential.**

Please indicate what we may need to know in case of an emergency.

Is your child taking any daily medication?  
Yes  No

CONDITION \_\_\_\_\_ MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL & INSURANCE INFORMATION

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY # \_\_\_\_\_

Let us know if we should have supplies on hand, provided by your family (i.e., an epi-pen for bee sting allergies)  
Yes  No





**Does your child have or has s/he ever had any of the following?** (check box if applicable)

An anaphylactic reaction. If so, to what? \_\_\_\_\_

Specific physical conditions:

- Epilepsy                       Diabetes                       Asthma  
 Allergies                       Other \_\_\_\_\_

A condition that might influence your child's education?

- Hyperactivity                       ADHD  
 ADD                       Other \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Any significant life changes or disruptions about which we should be aware. Please explain.

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**STUDENT AGREEMENT**

Students and a parent must initial each line and sign below.

- \_\_\_\_    \_\_\_\_    I agree to be respectful of and cooperate with the Yachad staff, teachers, and Director and with other students during all classes and activities.
- \_\_\_\_    \_\_\_\_    I agree to be respectful of the property that Yachad occupies. This means I will use the classrooms, desks, chairs, bathrooms, outside areas, etc. for the use they are intended. I will not deface any furniture or structures. I will not litter.
- \_\_\_\_    \_\_\_\_    I understand that the buildings Yachad occupies are used regularly during the day. Each room and any personal materials must be respected. I will not go through desks, cabinets, or supplies. If my behavior results in damage to a student's property, I will make a personal phone call to the student and write a letter of apology taking responsibility for my actions.
- \_\_\_\_    \_\_\_\_    I am aware that possession or use of weapons, drugs, or alcohol is strictly forbidden.
- \_\_\_\_    \_\_\_\_    I understand that behavior inappropriate for an educational program may result in dismissal from the program, forfeiting any right to a refund, and that I will pay for any damages to or replacement of property for which I am found responsible.
- \_\_\_\_    \_\_\_\_    I understand that Yachad Administration and staff has a *zero tolerance* policy for harassing or bullying, whether verbal, physical, or visual that affects another student's participation at Yachad. I also understand that disciplinary action will be taken if I exhibit this type of behavior or encourage other students to do so.

STUDENT SIGNATURE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**PARENT AGREEMENT & RELEASE**

- \_\_\_\_\_ I approve of and authorize the above registration of my son/daughter and agree to promptly pay all tuition and fees required as a condition of enrollment and as outlined in the enrollment application.
- \_\_\_\_\_ I authorize my son/daughter to leave the Yachad site for field trips when applicable.
- \_\_\_\_\_ I give permission for pictures to be taken of my son/daughter to be used for publicity and/or in a student directory.
- \_\_\_\_\_ I understand that the Yachad Director will contact me in case of emergency. However, if I am going to be out of town, I will provide information as to how I can be reached.
- \_\_\_\_\_ I hereby grant permission for my child to be treated by qualified medical authorities as necessary and I give permission to the Yachad Director to secure proper treatment for my child.
- \_\_\_\_\_ I agree that we, our heirs, next of kin, guardians, successors and assigns, and any other representative of ours will not sue, claim against, attach the property of, nor prosecute Yachad or The Jewish Federation of the Sacramento Region, any of their directors, officers, agents or employees, and all affiliated entities for loss of property, injury, harm, accident, illness, loss of limb or life, or other personal injury, in capacity, medical costs, expense, damage, claim, liability, howsoever caused, and regardless of whether caused directly or indirectly, by their acts or any other acts, arising out of or in connections with my teen's participation in Yachad and activities associated with the Yachad program.
- \_\_\_\_\_ I am aware of Yachad's zero tolerance policy towards bullying and harassment.

I have read and understand the above statements, and recognize that my signature below is affirmation of such, and that all information on this form is true and correct to the best of my knowledge:

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



YACHAD COMMUNITY HIGH SCHOOL

# Tuition Worksheet 2010-2011

STUDENT NAME	STUDENT NAME	STUDENT NAME
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## FAMILY INFORMATION

PARENT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

<p><b>A</b> <b>Registration Fee:</b> One per household/per family  <i>Registration Fee must accompany each student's application and information form. All Yachad families must fill out a Student Information form and pay a one-time, non-refundable Registration Fee of \$40. This is a per family fee and is required only once, no matter how many students or individual programs (e.g., retreats) a student is enrolled in.</i></p>	<p><b>\$40</b></p>
<p><b>B</b> <b>Tuition:</b> \$360 x _____ # of students</p>	<p><b>\$ _____</b></p>
<p><b>C</b> <b>Participation Fee</b>  <i>Please check one or both. Families are required to volunteer approximately 6 hours per school year or pay \$40 in order to waive the fee.</i></p> <p><input type="checkbox"/> I will volunteer a total of 6 hours over the course of the school year. _____ (please initial)          If you plan to volunteer, please complete the accompanying Volunteer Worksheet.</p> <p><input type="checkbox"/> I will pay the \$40 for our family.</p>	<p><b>\$ _____</b></p>
<p><b>D</b> <b>Donations and Gifts</b> are always appreciated and welcome. Your extra gift to Yachad could mean the world to a teen in need of tuition assistance. It is our goal to enable every Jewish teen in our community to participate. Please indicate if you would like your gift to go towards Scholarships or into Yachad's general programming fund. Thank you.</p> <p><b>NOTE: Retreats and some Special Event programs have additional fees not included here.</b></p> <p style="text-align: center;"><b>TOTAL PAYMENT DUE: Sum of lines A-D</b>  <b>ALL FEES MUST BE PAID IN FULL BY DECEMBER 15, 2010</b></p>	<p><b>\$ _____</b></p>





**PAYMENT INFORMATION**

- Paid in full (check or credit card\* accepted).
- I will pay the registration fee now and the balance by October 30<sup>th</sup> (check or credit card\* accepted).
- I will pay the registration fee now and the balance as outlined in payment schedule (*credit card only\**).
- I will pay the registration fee now and apply for financial assistance.  
I am able to pay \$\_\_\_\_\_ and will request \$\_\_\_\_\_ in assistance.

If you are requesting tuition assistance from Yachad, please request a Scholarship Worksheet. Your request will be considered by Yachad and your home synagogue (where applicable).

PARENT NAME(S) \_\_\_\_\_

- Enclosed is Check # \_\_\_\_\_ made out to Yachad in the amount of \$\_\_\_\_\_
- Please charge my Credit Card in the amount of: \$\_\_\_\_\_
  - Visa  MC  AmEx

CARD # \_\_\_\_\_

EXP. DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

**BALANCE DUE after initial payments: \$ \_\_\_\_\_**

*\* Credit card expiration date can be no sooner than 12/10.*

**PAYMENT SCHEDULE**

At a minimum, the registration fee is due at the time of enrollment. In the interest of limiting Yachad's accounting costs, we ask those who are able to pay in full to do so. The following payment schedule is available.

**TOTAL BALANCE OWED AS ADJUSTED: \$ \_\_\_\_\_**

Please indicate the amounts you will pay

**1<sup>ST</sup> INSTALLMENT**

*Due: October 15, 2010*

\$ \_\_\_\_\_

Amt. Rec'd	Check#/Auth. code

**2<sup>ND</sup> INSTALLMENT**

*Due: November 15, 2010*

\$ \_\_\_\_\_

Amt. Rec'd	Check#/Auth. code

**3<sup>RD</sup> INSTALLMENT**

*Due: December 15, 2010*

\$ \_\_\_\_\_

Amt. Rec'd	Check#/Auth. code

\_\_\_\_\_ I acknowledge that I have an adjusted balance due of \$ \_\_\_\_\_ at the time of signature.

\_\_\_\_\_ I understand that by signing this form, I am promising to pay my balance as outlined in the payment plan above, providing the registration fee.

\_\_\_\_\_ Lastly, I attest and affirm that all information provided on this form is complete and true to the best of my knowledge.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_



YACHAD COMMUNITY HIGH SCHOOL

# Volunteer Worksheet 2010-2011

NAME	PHONE	E-MAIL
STUDENT(S) NAME	CELL PHONE	

Volunteers must select an equivalent of 6 hours of volunteer time from the list below to waive the \$40 Participation Fee.

- Parent Volunteer Organizer** ..... 6-8 hours  
Organizes all parent volunteers and contacts parents for reminders
- Member of Parent Advisory Committee** ..... 4 hours  
Meets 4-6 times per year
- Super Sunday** ..... 2 hours  
11/14/2010 at Federation
- 'Hannukah' Helper** ..... 2 hours + meeting time  
12/8/2010 at Congregation B'nai Israel
- Tu B'Shevat Tree Hugger** ..... 2 hours + meeting time  
1/23/2010 - Offsite
- Purim Player** ..... 2 hours + meeting time  
3/16/2010 at Mosaic Law Congregation
- Passover Participant** ..... 2 hours + meeting time  
4/10/2010 - Offsite
- Graduation** ..... 3 hours + meeting time  
5/12/2009 at Congregation Beth Shalom
- Jewish Heritage Festival** ..... 3 hours + meeting time  
5/22/2010 at the State Capitol
- Additional volunteer opportunities TBA** ..... 6 hours  
(e.g., retreats, additional special events)
- School Evening volunteer** ..... 3 hours/evening; 2 parents/evening  
Includes welcoming students and keeping cars moving, running snack cart at break, helping as needed throughout the evening, helping to collect materials and closing down facility.
 

<input type="checkbox"/> 10/13/2010	<input type="checkbox"/> 1/5/2011	<input type="checkbox"/> 3/9/2011
<input type="checkbox"/> 10/20/2010	<input type="checkbox"/> 1/12/2011	<input type="checkbox"/> 3/23/2011
<input type="checkbox"/> 10/27/2010	<input type="checkbox"/> 1/19/2011	<input type="checkbox"/> 3/30/2011
<input type="checkbox"/> 11/3/2010	<input type="checkbox"/> 2/2/2011	<input type="checkbox"/> 4/6/2011
<input type="checkbox"/> 11/10/2010	<input type="checkbox"/> 2/9/2011	<input type="checkbox"/> 4/13/2011
<input type="checkbox"/> 11/17/2010	<input type="checkbox"/> 2/16/2011	<input type="checkbox"/> 5/4/2011
<input type="checkbox"/> 12/1/2010	<input type="checkbox"/> 3/2/2011	<input type="checkbox"/> Special event dates NOT listed here. Refer to list above.

*Please note: We may contact you if too many people sign up for one event or one evening.*

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FAX: 916.441.1662

www.JewishSac.org  
Yachad@JewishSac.org  
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YACHAD COMMUNITY HIGH SCHOOL

# Scholarship Worksheet 2010-2011

Our goal is to have every Jewish teen in Sacramento, regardless of finances, experience Yachad. The Yachad Scholarship Fund, in addition to support from participating congregations, helps meet your needs. Scholarship allocations will be reflected on your billing statement.

**All information provided is strictly confidential.** Reviewed in confidence by congregational Rabbis and educators only.

STUDENT NAME	STUDENT NAME	STUDENT NAME
GRADE	GRADE	GRADE

PARENT NAME(S) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CONGREGATION AFFILIATION, IF ANY \_\_\_\_\_

Have you applied for a Yachad educational scholarship before? Yes  No

Amount of total tuition due (from tuition worksheet) \$ \_\_\_\_\_

Of this amount, how much can you pay? (give specific dollar amount) \$ \_\_\_\_\_

**Total scholarship amount requested** \$ \_\_\_\_\_

Briefly state reasons for requesting financial assistance. Please note any extraordinary expenses, hardships, or other reasons you deem relevant. Attach additional sheet, if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, do hereby acknowledge and affirm that if awarded a Yachad scholarship (in the amount of \$ \_\_\_\_\_), I am willing and responsible to pay the adjusted total tuition (amount of \$ \_\_\_\_\_), as outlined on the Tuition Worksheet. Our family will volunteer 6 hours during the school year. If applicable, I understand that a copy of this form will be given to our Congregational Rabbi and Educator to ensure that a portion of this scholarship will come from our Congregation.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Family Commitment	Yachad Commitment	Congregation Commitment	TOTAL COVERED
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