

**Beth Israel Community Learning Lab**  
**2016-2017 School Year**  
**Student Profile and Medical Information**

**Student Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Grades 2-7:** (Circle One)      **Sunday/Tuesday**    **OR**    **Sunday/Online**

**Learning Profile:**

Does your student have an IEP or 504 in their secular school?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Please describe your student's learning style (including Special Needs, ADHD, etc.) \_\_\_\_\_

**Medical Information**

Allergies/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician Name/Phone Number: \_\_\_\_\_

I give permission for my child to receive emergency medical treatment as follows:

\_\_\_\_\_ Band-aids      \_\_\_\_\_ antiseptic ointment      \_\_\_\_\_ Children's Tylenol\*  
\_\_\_\_\_ Epipen\*      \_\_\_\_\_ asthma inhaler\*  
(please note if epipen or inhaler will be kept in office or with student \_\_\_\_\_)

*\*The school will notify you immediately if any of these measures are taken.*

**Field Trip Release**

I hereby permit my child/ren to participate in all school activities and join in the school trips on and beyond school properties. In case of emergency, I hereby authorize the school to have my child taken to the nearest emergency room.

\_\_\_ Yes    \_\_\_ No    Parent Initials \_\_\_\_\_

**Media Release**

I hereby permit the Beth Israel Community Learning Lab to use my child(ren)'s likeness in photographs or videos, or in vocal recordings, for purposes that help share or promote our programs and our synagogues.

\_\_\_ Yes    \_\_\_ No    Parent Initials \_\_\_\_\_

# **Beth Israel Community Learning Lab**

## **2016-2017 School Year**

### Financial Agreement

I/We hereby enroll my/our child(ren), \_\_\_\_\_, in the Beth Israel Community Learning Lab (BICLL) for the school year indicated above. I/We acknowledge receipt of the Beth Israel Community Learning Lab Schedule of Fees for that school year, which is made a part of this contract, and agree to make payments in accordance with the dates and amounts set forth in the 2016- 2017 schedule of fees. I/We agree that if I/we fail to make payments in accordance with the schedule, the Beth Israel Community Learning Lab reserves the right to discontinue providing services to my/our child/ren. The Beth Israel Community Learning Lab may, in its sole and absolute discretion, permit my/our child(ren) to continue in the school program, upon satisfaction of all overdue balances.

I/We understand that in certain circumstances it may be necessary for the Beth Israel Community Learning Lab to discontinue a child's attendance in the school. The Beth Israel Community Learning Lab will consider the best interests of that child, other children, the staff, and the school in making such a decision. Reasons to terminate enrollment and this contract include, but are not limited to, non-payment of tuition and/or activity fee; abuse of other children, staff, or property; disruptive or dangerous behavior; or continued violation of the school's rules and policies.

I/We understand that the Beth Israel Community Learning Lab has a limited number of spaces for children in the school. Full payment of all amounts due pursuant to this contract is required regardless of whether my/our child/ren actually attend or remain enrolled in the school. In consideration of the enrollment of my/our child/ren, I/we agree that this contract represents a commitment for one year and that I/we cannot terminate this contract during its term, except in circumstances mutually agreeable to the Beth Israel Community Learning Lab and us.

In the event this matter is referred to an attorney for collection of amounts due under this contract, I/we agree to be responsible for all costs of collection including but not limited to court costs and reasonable attorney's fees.

*This form must be signed by all responsible parties before registration(s) can be processed.*

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

*If a person other than parent is responsible for the Religious School tuition, please sign below.*

I agree to be jointly responsible to the Beth Israel Community Learning Lab for all tuition, fees and other expenses due as a result of the child(ren)'s enrollment at the the Beth Israel Community Learning Lab.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_