



Creating community... Inspiring leadership

Farmington Valley Jewish Congregation

Registration 2018-19

Student Information

Full Name: _____ Gender: _____ Date of Birth: _____

Home Address: _____

City / State / Zipcode: _____

Cell Phone: (_____) _____ - _____ Email: _____

School Name: _____ Grade: _____ Graduation Year: _____

To which (if any) synagogue does the student belong? _____

To which (if any) youth group(s) does the student belong? _____

Parent/Guardian 1 Information

Name: _____ Email: _____

Home Address (if different from student): _____

City / State / Zip: _____

Home Ph: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Parent/Guardian 2 Information

Name: _____ Email: _____

Home Address (if different from student): _____

City / State / Zip: _____

Home Ph: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

The student primarily lives with: Mother Father Both Other (specify): _____

Address parental mailings to: Mother Father Both Other (specify): _____

Emergency Contact 1 (Not a Parent/Guardian)

Full Name: _____ Relationship to Student: _____

Home Address: _____

City / State / Zipcode: _____

Home Ph: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Emergency Contact 2 (Not a Parent/Guardian)

Full Name: _____ Relationship to Student: _____

Home Address: _____

City / State / Zipcode: _____

Home Ph: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Medical Information

Physician's Name: _____ Physician's Phone: _____
Dentist's Name: _____ Dentist's Phone: _____
Allergies: _____
Operations: _____
Disabilities/Chronic Illnesses: _____
Medications: _____
Dietary Restrictions: _____
Health Insurance Carrier: _____ Policy/Group #: _____
Additional Information: _____

Emergency Authorization

I hereby give permission to the medical personnel selected by the Director to order X-Rays, routine tests, and treatment for my child in the event I cannot be reached. In an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment, and to order injection and/or surgery for my child named above. If the student is on a trip, this same permission is given to the program leader.

Signature of Parent/Guardian: _____ Date: _____

Code of Behavior

The following is expected of all JTConnect students:

Respect for all others and self, responsibility for all personnel, school property and required assignments, reasonable verbal and physical actions and attitude. JTConnect is a school where trust, honesty, and respect are extended to Klal Yisrael – to every Jew – and are of the utmost importance. Unacceptable behavior may be dealt with by suspension or expulsion from the school by the director.

I agree to abide by the guidelines stated above.

Signature of Student: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Photo Authorization

JTConnect routinely utilizes photographs and video of our students to promote and highlight the school and the achievements of our students. Please check the appropriate box and sign below.

I authorize JTConnect to use photographs and video of my child for non-commercial, educational, exhibition, promotional, advertising, and other purposes.

I do not authorize JTConnect to use photographs and video of my child for non-commercial, educational, exhibition, promotional, advertising, and other purposes.

JTConnect at FVJC Tuition Information

JTConnect @ FVJC Tuition & Fees

Full year: \$300

+ \$36 Registration Fee (Waived before June 15th)

JTConnect Payment Options

JTConnect accepts payment by personal check, Visa, Mastercard, or Paypal.

I agree to pay all JTConnect tuition and registration fees:

Signature of Parent/Guardian: _____ Date: _____

Check here if you would like to be contacted about a monthly payment plan.

Check here if you will be applying for financial aid (separate form).

Check here if you will be redeeming a \$36.00 Bar/Bat Mitzvah Certificate.

If paying by check:

Check Number: _____ Amount: _____ Date: _____

Credit Card Payment Authorization:

If you would like to charge your tuition payments, please complete the following.

Type of Credit Card: Visa Mastercard Discover Expiration Date: _____

Card Number: _____ Security Code: _____

Name on Card: _____

Cardholder Address: _____

City: _____ State: _____ Zipcode: _____

Authorized Amount to be Charged:

Date: _____ \$ _____

Signature of Cardholder: _____

Please consider a donation to JTConnect to support our scholarships and programs:

_____ \$36 _____ \$54 _____ \$108 _____ \$180 _____ \$360 Other: \$ _____