

8600 Jog Road
Boynton Beach, FL 33472
www.TempleToratEmet.org



Phone: 561-369-1112
FAX: 561-369-0930

**Esther & Simon Adler Religious School (ESARS)
Marvin and Sheila Horowitz HIP Program
2020– 2021 Registration Form**

Student's Name:

Student's Hebrew Name:

Date of Birth:

Male ☐ Female ☐

Student's Academic Grade (8 – 12th) for the **2020-2021** school year:

Name of public school attending for the **2020-2021** school year:

Synagogue Affiliation:

Did this student attend the HIP program last school year? Yes ☐ No ☐ Year in HIP

Is this student a graduate of Wiston Family Torah Tots? Yes ☐ No ☐

Name of sibling(s) in Religious School (first and last):

Family Contact Information

Home Address:

City, State, and Zip code:

Parent 1 Name (first and last):

Parent 1 Hebrew Name:

Parent 1 Phone Numbers: Home:

Cell:

Other:

E-Mail address:

Can Parent 1 receive information via text? Yes ☐ No ☐

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Student's Name:

Parent 2 Name (first and last):

Parent 2 Hebrew Name:

Parent 2 Phone Numbers: Home:

Cell:

Other:

E-Mail address:

Can Parent 2 receive information via text? Yes ☐ No ☐

Parent Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Single

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other_____

Is there Court Order barring either parent from removing the student from school?

Yes ☐ No ☐

Do parents have shared (or joint) parental rights and responsibility? Yes ☐ No ☐

Is there a Temporary Restraining Order, Permanent Restraining Order, Order of No Contact, or other Court Order that restricts or impacts access to the student by anyone, including a parent/guardian? Yes ☐ No ☐

Does either parent have final decision making authority regarding educational decisions for the student? Yes ☐ No ☐

If yes, which parent _____

Please provide the school with a copy of ANY applicable court orders



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Student's Name:

Primary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last):

Relationship to Student:

Primary Phone Number:

Other Phone Number:

Secondary Emergency Contact (other than parents, must be reachable during school hours):

Name (First & Last):

Relationship to Student:

Primary Phone Number:

Other Phone Number:

★ Special Medical Alerts / Other Medical Information We Need To Know:

Important Information

- ★ Registration is for the full school year: **August, 2020 – June, 2021.**
- ★ By signing below I give permission for my child to be photographed and video recorded during school events, on or off campus. Permission is granted for use of photos and likeness for promotional and/or archival purposes at Temple Torat Emet's discretion (including, but not limited to, community programs with the Jewish Federation of Palm Beach and Commission for Jewish Education) and without compensation. . I also give permission for these pictures to be used and posted to any social media site by any representative of the above named institutions.
- ★ **In the event of an emergency, if I am unable to be contacted, I grant permission to Temple Torat Emet to authorize any emergency action necessary to ensure the safety of my child.** I agree to be liable and to pay for all costs and expenses incurred in connection with any services provided (e.g., medical or dental services).
 - I /we understand that the HIP program will begin the school year in a distance learning/virtual format. Periodic re-evaluation and review of State and Local recommendations will provide the program with information as to when it will be safe and healthy to return to face – to – face sessions.
 - Stipend requirements and payout will be different for each session.



HIP 2020-2021 Registration Form Page 4 Student's Name: _____

In order to be eligible to receive the stipends, the student MUST comply with ALL the requirements as outlined in the packet and below. If not, the overall stipend might be reduced by up to 50%.

Student must attend two special Shabbat services conducted by the students during each semester

Students must conduct themselves with proper decorum, behavior and dress while in class either virtual or in person as directed by school and synagogue personnel.

Student must attend the virtual sessions in order to receive the higher stipend for the second semester.

By signing below, we the Parent/Guardian and student agree to comply with the requirements as outlined.

Please print the name of Parent/Guardian registering this student: _____

Parent/Guardian Signature: _____

Relationship to the student registrant if you are other than a parent: _____

Student Signature: _____ **Date:** _____

2020-2021 HIP Tuition Information

☒ **Sheila & Marvin Horowitz Hebrew High School HIP Program (8th- 12th Grade):**

Members of Temple Torat Emet - \$18.00

Non-Members of Temple Torat Emet - \$54.00

A security fee will be assessed when we begin conducting in person classes

There will be a 3% convenience fee assessed for all credit card charges

Please make check payable to Temple Torat Emet and include with this registration form.