



September 2016

Dear Parents,

If new to Bet Sefer, we welcome you and your family to the JHJC Bet Sefer Community. If returning, we welcome you and your children back to another fun and meaningful year at JHJC Bet Sefer. Classes are held Thursdays from 4:00- 6:00 p.m. at the Jackson Hole Jewish Community Center in the Centennial Building at 610 W. Broadway, Jackson. We are thrilled to introduce our team this year: Josh Kleyman, Sam Singer, Judd Grossman, Isaac Grossman and Andrea Mazer (occasionally), along with other visiting community members.

The Bet Sefer tuition for this year (5777) will be: \$460 including materials/\$399 for second child for members; \$625 for non-members. The Jackson Hole Jewish Community insists that no child in our community should go without Jewish education for financial reasons. If you need some assistance for your family, please contact the JHJC office, and a payment plan or financial scholarship will be provided.

As part of our community's commitment to education, the Bet Sefer is subsidized by general contributions to the Jackson Hole Jewish Community. If you feel you can afford more than the set tuition, and wish to further support our Hebrew/Judaica program, an additional, tax-deductible donation would greatly assist the future of the Bet Sefer.

Please fill out the attached registration forms. If your child was registered in Spirit of the Mountains Summer Day Camp 2016, you do not need to fill out the first page as we have this information on file (unless something has changed). We do, however, need everyone to fill out the remaining pages.

Tuition may be paid with a credit card on the first day of class on September 15, 2016 (or via phone or by appointment, contact the Exec. Dir. 734-1999) Correspondence and tuition checks (payable to the "Jackson Hole Jewish Community") may be sent to:

Jackson Hole Jewish Community
Attn: Bet Sefer
P.O. Box 10667
Jackson, WY 83002

We look forward to seeing you and your children soon and can't wait for another great year of Jewish education in Jackson, WY.

Le'hitraot (See You Soon),
Josh, Sam, Judd, Isaac and Andrea



Bet Sefer General Student Information

Student Name _____ **Date of Birth** _____ **Age** _____ **Height** _____ **Weight** _____

Gender _____ **Grade entering fall '16** _____

Parent(s)/Guardian(s) Name(s) _____

Home Phone _____ **Parent/Guardian E-mail** _____

Mailing Address _____ **City** _____ **State** _____ **Zip Code** _____

Parent/Guardian 1 Bus. Phone _____ **Parent/Guardian 2 Bus. Phone** _____

Parent/Guardian 1 Cell Phone _____ **Parent/Guardian 2 Cell Phone** _____

Student's Physician _____ **Phone** _____

Student's Dentist _____ **Phone** _____

Insurance: Each participant is responsible for her/his own medical expenses. Medical insurance is recommended but not required.

Medical Insurance Company Name _____

Insurance Co. Phone _____ **Policy Number** _____

If parents are divorced who has legal custody of child? _____

Are there any restrictions on information given to non-custodial parent? Yes _____ No _____

If yes, this information must be documented and attached to the Student Medical Information Form.

In the event of an emergency, if parent/legal guardian cannot be reached, who should be called?

Name _____ **Home Phone** _____

Relationship to child _____ **Work/Cell Phone** _____

Name _____ **Home Phone** _____

Relationship to child _____ **Work/Cell Phone** _____



JHJC Bet Sefer **Student Medical Information**

Activities at JHJC Bet Sefer may be strenuous depending on a student's physical condition. The following information is important and may help us prevent health or medical problems before they occur. Additional physicians' form and approval for participation may be required prior to final approval Bet Sefer participation.

Please explain any Yes answers on lines provided to right. Attach additional sheet(s) if necessary.

1. Any adverse reactions to medication? YES NO 1. _____

2. Is student currently taking any medication? YES NO 2. _____

If yes, what type/dosage? _____

What is the medication specifically for? _____

3. Any allergies to foods, medications, environment? YES NO 3. _____

Please describe the allergic reaction in detail. _____

4. Any food/dietary restrictions? YES NO 4. _____

5. Has student ever been stung by a bee? YES NO 5. _____
If yes, describe any allergic reactions. _____

6. Tetanus shot series up to date? YES NO 6. _____

7. Any respiratory problems or asthma? YES NO 7. _____
(Students who use inhalers are required to carry them at all times.)

8. Any heart defects or heart disease? YES NO 8. _____

9. Any history of seizures, convulsions, epilepsy
or other medical disorders? YES NO 9. _____

10. Any ankle/knee/hip or other joint problems? YES NO 10. _____

11. Does student have diabetes? Describe Type. YES NO 11. _____

12. If female, has student menstruated? YES NO 12. _____
If no, does she know about it? YES NO _____

13. Has student consulted a **mental** health care
professional in the past 2 years? Please explain. YES NO 13. _____

14. Does student have any other medical YES NO 14. _____
conditions that may preclude strenuous activities?

15. Does student wear glasses or contacts? YES NO 15. _____



Significant Medical History/Pre-Existing Conditions: Please list your participant's medical history including but not limited to hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra page if necessary). In addition, please note if your student has any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the JHJC Bet Sefer, please have your doctor document these conditions and give approval or agree to discuss the condition with the director the JHJC Bet Sefer.

Participant Medical History

| Date(s) | Condition | Implications/Accommodations |
|---------|-----------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Parents/Legal Guardians ("parents") of Minor Participants – Medical Authorization and Permission

Bet Sefer staff is concerned about inappropriate use of both prescription and non-prescription medication by minors. Students are not permitted to use medication without written permission from a parent, legal guardian, physician or an authorized Bet Sefer staff person. Students are not permitted to share medications under any circumstances.

We give permission for Bet Sefer staff to administer the following over-the-counter medications to our minor daughter/son:

PLEASE CHECK THOSE MEDICATIONS WE MAY PROVIDE YOUR MINOR DAUGHTER/SON:

Tylenol* Aspirin** Ibuprofen* Maalox** Ex-Lax* Benadryl* Loratadine (Claritin) Delsym (cough)

* Smaller children under 12 years of age will be given children's dosages of Tylenol, Ibuprofen, Benadryl and Ex-Lax

** Aspirin and Maalox will not be administered to students under 12 years of age.

I authorize Bet Sefer and JHJC staff, contractors or other medical personnel to obtain or provide medical care for my child, to transport my child to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my child's health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by JHJC) of any medical records necessary for treatment, referral, billing or insurance purposes. Note to parents: except to the extent limited by this form, my child has permission to participate in all JHJC Bet Sefer activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Participant Signature (participants sign if over 12; parent prints if under 12) Date Print name here

Parent 1

Parent or Legal Guardian Signature Date Print name here

Parent 2

Parent or Legal Guardian Signature Date Print name here



JHJC Bet Sefer Release and Indemnity Agreement

By my signature below, I do hereby and agree to hold harmless and indemnify the Jackson Hole Jewish Community's Bet Sefer directors, teachers, employees, volunteers, administration staff and employees of such insurance carrier from any and all claims, actions or damages without limitations whatsoever, whether consisting of personal injury, property damage, or death that does or may result in any way from my child's participation from in this The Jackson Hole Jewish Community's Bet Sefer, whether such injuries of any kind or nature or such death is caused by their negligence or not, assuming my child in any all responsibility and liability for the same.

I further agree to indemnify and hold harmless all of those named above from any damages or costs or expenses whatsoever which they or any of them may sustain as a result of my child's participation in the Jackson Hole Jewish Community's Bet Sefer, my child as participant, completely understand that my signature below constitutes a covenant and a promise on my part to fully discharge all of the above named parties from any and all liability of any kind from any injuries, loss damage or death which may result from my child's participation in the Jackson Hole Jewish Community's Bet Sefer.

This release is binding, and so I understand not only upon myself, but upon my heirs, administrators, cherished pets, executors, and assigns, and I herewith again reaffirm my free and willing intent to execute it, acknowledging a complete understanding of its terms and conditions and the totality of its effects, and the totalness of the waiver of any rights that I otherwise would have had, had this agreement not been executed.

Participant Signature (participants sign if over 12; parent prints if under 12) Date Print name here

Parent 1

Parent or Legal Guardian Signature Date Print name here

Parent 2

Parent or Legal Guardian Signature Date Print name here



JHJC Bet Sefer

Arrival and Departure

Arrival time for Bet Sefer is 4:00 pm and pick-up time is 6:00pm.

Please discuss and arrange any specific needs with the director.

*We ask that an adult bring your children into Bet Sefer at arrival time and that an adult come into Bet Sefer at pick-up time. The staff will only release your child to a designated adult.

Please inform the director of any changes

The following people (including parents) have permission to bring my child to and from Bet Sefer:

| <u>Name</u> | <u>Relationship</u> | <u>Cell Phone</u> |
|-------------|---------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*Individual circumstance can be discussed with Director.

Participant Signature (participants sign if over 12; parent prints if under 12) Date Print name here

Parent 1

Parent or Legal Guardian Signature Date Print name here

Parent 2

Parent or Legal Guardian Signature Date Print name here