



# MATAN STUDENT ENROLMENT FORM 2012

STUDENT DETAILS					
Enrolment type	<input type="checkbox"/> New Student		<input type="checkbox"/> Re-Enrolment		
Surname					
Given name (s)	Child 1: Child 2: Child 3: Child 4:				
Address					
Dates of birth	Child 1: Male _____		Female _____		
	Child 2: Male _____		Female _____		
	Child 3: Male _____		Female _____		
	Child 4: Male _____		Female _____		
Day school in 2012	Child 1: Child 2 : Child 3: Child 4:				
Year level in 2012	Child 1:		Child 3:		
	Child 2:		Child 4:		
My child/ren has/have attended a Synagogue based Religion School	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____ †				
My child attended a Jewish Day school	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____ †				
Hebrew lessons <i>Please tick</i>		<i>Never</i>	<i>Private</i>	<i>Other Program (specify)</i>	
	Child 1:†	<input type="checkbox"/>	<input type="checkbox"/>		
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>		
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>		
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>		
Hebrew level <i>Please tick</i>		<i>Beginner</i>	<i>Intermediate</i>	<i>Advanced</i>	<i>Speaks / understands</i>
	Child 1:†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you booked your bar/bat mitzvah?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____				

Are there any health concerns we should know about that could affect your child/ren's participation in MATAN?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____ †
Does your child/ren have any specific learning needs?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____

**PARENT/GUARDIAN DETAILS**

	Parent/Guardian	Parent/Guardian
Surname		
Given names		
Hebrew names		
Address		
Phone (home)		
Phone (work)		
Mobile <small>This may be used by TBI to send SMS texts as reminders of events. If you do not wish to receive these, please indicate alongside the number</small>		
Email (preferred) <small>Please provide as this will serve as a means of communication</small>		
Main Language spoken at home		
Are you a financial member of Temple Beth Israel?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If parents are separated / divorced, with whom does the student/s live?		
Are there any legal matters we should be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please specify _____	

† Please specify any special instructions you may have regarding mail from MATAN:

**EMERGENCY INFORMATION**

Doctor's name:			
Doctor's ph:			
Doctor's address:			
Is your child/ren taking medications on a long term basis?  <i>Please answer per child:</i>		<i>No</i>	<i>Yes – please specify:</i>
	Child 1:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>
Is/Are your child/ren up to date with their tetanus injections?  <i>Please answer per child:</i>		<i>No</i>	<i>Yes – please specify:</i>
	Child 1:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>

Any known allergies (incl. reactions to medications) and present medical conditions? <i>Please answer per child:</i>		<i>No</i>	<i>Yes – please specify:</i>
	Child 1:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>
Any special needs/requirements?		<i>No</i>	<i>Yes – please specify:</i>
	Child 1:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 2:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 3:	<input type="checkbox"/>	<input type="checkbox"/>
	Child 4:	<input type="checkbox"/>	<input type="checkbox"/>
If the event that the parents cannot be contacted, we authorize MATAN to take whatever action is required in an emergency, signed:			
_____		_____	
Mother/Guardian		Father/Guardian	
Dated: / /		Dated: / /	

<b>EMERGENCY CONTACT (other than parents)</b>			
Name	Relationship	Home Phone	Work Phone

<b>Other AUTHORISED people to collect child</b>			
Name	Relationship	Home Phone	Work Phone

<b>GENERAL INFORMATION</b>
<input type="checkbox"/> I/we authorize for my child's name and phone number to be circulated in a class list.
<input type="checkbox"/> I/we authorize my child's name or photograph to appear in Temple Beth Israel's publications (Kol Yisrael and our web site), PJV and/or UPJ publications or in the Australian Jewish News in relation to the activities of MATAN.
<input type="checkbox"/> I/we would like to join the MATAN parents association known as 'Va'ad Mishpacha'.
<input type="checkbox"/> I/we would be able to help MATAN from time to time, with extra assistance or supervision programs.

<b>EXCURSION PERMISSION FORM</b>	
<input type="checkbox"/> I/we give permission for my child to attend MATAN excursions <input type="checkbox"/> I/we certify that all the above information is true and correct and I/we agree to Temple Beth Israel's terms.	
_____ Mother/Guardian	_____ Father/Guardian
Dated:    /    /	Dated:    /    /

<b>MATAN PROJECTED FEE DETAILS</b>			
	TBI Member	Non member	Fill in Amount
Administration fee for 2012 is payable with your Enrolment form. This fee is non-refundable and is per family. This fee includes books and materials.	\$74.40	\$ 100.00	
Fee per term – Prep & Year 1	\$163.20	\$200.00	
Fee per term – Year 2-4	\$192.00	\$224.50	
Fee per term for Year 5- Year 7	\$192.00	N/A	
<b>TOTAL AMOUNT:</b>			\$ _____
Please note that the above fees apply through to end Term 2, 2012. Any revisions to fees will be circulated in MID 2012			

Visa†   
  Master Card   
  American Express   
  Diners

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_      Amount \$ \_\_\_\_\_

† I authorize MATAN to debit my account for my term fees at the start of each term\*.

\*Please note that the deductions will continue per term unless you notify us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated:    /    /

Receipts will be mailed out to you.