

Payment: Choose one of the following methods of payment

- Include with my Rodef Sholom Annual Financial Commitment payments.
- Check is enclosed (check # _____) for full amount due.
- Bill my credit card (enter information below).

Print name of responsible party _____

Signature of responsible party _____

Date _____

Enrollment is considered complete when your Annual Financial Commitment is submitted.

Credit Card Payment Information

Please consider making an extra donation to cover the cost of the convenience of paying by credit/debit card \$50.00

I authorize Congregation Rodef Sholom to keep my signature on file to charge my credit card as indicated below.

Cardholder Name _____

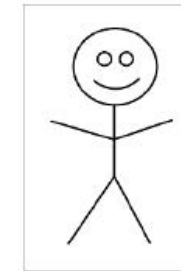
Card type: MasterCard Visa Credit Card # _____ Expires _____ CVV _____

Cardholder Signature _____

Please indicate credit card payment schedule preference: Annually Semi-Annually Quarterly

2018- 2019 Makor Marin Registration (please complete one form per child)

Student's full name			
Home address		City	Zip code
Date of birth	/ /	Age:	
Student's email address		Student's Hebrew name	
Name of secular school		Grade entering FA2018	



Please attach a photo of your child

	Parent/guardian #1	Parent/guardian #2
Full name		
Address		
City, zip code		
Home phone #		
Day/work phone #		
Cell phone #		
Email		

Emergency contacts: Please list two people who are authorized to take your child in case of an emergency

	Emergency contact #1	Emergency contact #2
Full name		
Relationship		
Day/work phone #		

Please note: additional medical information and signatures required on reverse.



2018-2019 Makor Marin Tuition Agreement

Emergency Medical Release

Student's full name			
Doctor's name		Doctor's phone	
Medical Insurance Carrier		Policy Number	
Medical Insurance phone		Group Number	

I, the undersigned, authorize Makor Marin's staff to call a physician or seek emergency treatment as necessary for my child, in case of an emergency, and agree to pay all expenses incurred.

Parent/Guardian signature _____ **Date** _____

Medical History

Medical diagnosis	Medication	Dosage	Frequency

Does your child have or has s/he ever had any of the following?	Date of last tetanus shot:
Specific physical condition/illness such as epilepsy, asthma, diabetes, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	/ /
Known allergies such as peanuts, bee stings, medications, pollens, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, does your child carry an Epi-Pen or similar device on him or her? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "yes" to any of the above questions, or if your child has any learning issues that may require special attention or accomodation, please describe below or contact Rabbi Lara Regev at lara@rodefsholom.org.

2018-2019 Parental Consent – I, the undersigned, have read and agree to the Parental Consent terms listed below: I give my child permission to attend the education program(s) indicated in this Makor Marin religious school registration packet. I hereby release and hold harmless Makor Marin, its parent organization Rodef Sholom, and its respective employees, of and from any and all present and future claims of any kind or nature arising from my child's attendance at Rodef Sholom's education programs and participation in any of its programs and activities, and/or use of its facilities. I understand that students must remain on Rodef Sholom grounds from the time they arrive through the end of their scheduled academic program unless they are part of an authorized, chaperoned activity. I give my permission for my child to leave the grounds for educational programs, under the supervision of the program staff. Rodef Sholom has my permission to photograph and videotape my child in any form of media and/or presentation of educational activities, and to reproduce and use such images in any of its advertising, publications, web-based historical archive or the presentation of Rodef Sholom educational programs to the community unless otherwise notified in writing by the parent/guardian. I understand that the addresses, phone numbers and email information of students and their families may be distributed to other students' families at the school's discretion unless otherwise notified in writing by parents. The costs of first aid and minor medical care performed on the premises, and not requiring a physician, are covered by the tuition fee. The costs of all other medical care and associated services are the financial responsibility of the student's legal guardian. **I have read and understand the above.**

Parent/Guardian signature _____ **Date:** _____

Student's Full Name	Grade	Phone

Makor Marin is an experiential Jewish education for your kids through earth-based Judaism.*

- Explore our natural world through a Jewish lens
- Build Jewish community through outdoor adventure
- Learn about Jewish holidays, values, Torah, and history

Makor Marin, the outdoors project of Rodef Sholom, is a non-traditional, radically inclusive Jewish community for people of all backgrounds. We're all about creating community and Jewish learning opportunities outside the walls of a building—in the redwoods, overlooking the Bay, hiking, camping, volunteering with trail maintenance, and so much more.

Tuition	
We are excited to offer a synagogue membership opportunity of \$360 to first-time Rodef Sholom families with young children who are joining this new Makor Marin program. For those choosing to join the synagogue through this program, this \$360 annual membership will be included as part of the \$895 registration fee.	\$895
<input type="checkbox"/> Yes! I would like to join Rodef Sholom as part of my Makor Marin experience.	
TOTAL	

PAYMENT: Please complete the payment information on the back of this form.