



JTConnect at FVJC Registration 2017-18

Student Information

Student Last Name: _____ Student First Name: _____
 Student Date of Birth: _____ Student Gender: _____
 Home Address: _____
 City: _____ State: _____ Zipcode: _____
 Student Cell Phone: _____ Student Email: _____
 School Name: _____ Current Grade: _____ Year of Graduation (High School) _____

Parent/Guardian Information

Parent/Guardian 1 Last Name: _____ Parent/Guardian 1 First Name: _____
 Home Address: _____
 City: _____ State: _____ Zipcode: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

Parent/Guardian 2 Last Name: _____ Parent/Guardian 2 First Name: _____
 Home Address: _____
 City: _____ State: _____ Zipcode: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

With whom does the student primarily live? Mother Father Both Other (Please specify): _____
 Address parental mailings to: Mother Father Both Other (Please specify): _____

Emergency Contacts (Other Than Parents/Guardians)

Emergency Contact 1 (First and Last Name): _____
 Relationship to Student: _____
 Home Address: _____
 City: _____ State: _____ Zipcode: _____
 Home Phone: _____ Cell Phone: _____

Emergency Contact 2 (First and Last Name): _____
 Relationship to Student: _____
 Home Address: _____
 City: _____ State: _____ Zipcode: _____
 Home Phone: _____ Cell Phone: _____



Synagogue/Youth Group Affiliations

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

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

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, and 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 leader of the program.

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 Payment Options: The cost for JTConnect at FVJC is **\$300.00**. JTConnect accepts payment by personal check, Visa, or Mastercard. I agree to pay all JTConnect tuition and registration fees:

Parent/Guardian Signature _____ 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: _____

Cardholder Address: _____

City: _____ State: _____ Zipcode: _____

Authorized Amount to be Charged: September 11, 2017: \$_____

Signature of Cardholder: _____

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

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

Registration Forms can be mailed to JTConnect or dropped off at the FVJC office.