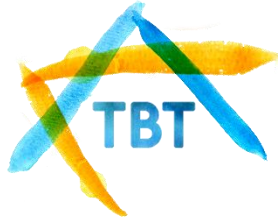


# GESHER 2019-2020 School Year



Gesher is TBT's response to many families that can't access a Jewish Day School, but want to provide high quality Jewish education to their children. Our program provides children and their families with warm community environment that provides them a home every afternoon. Gesher emphasizes Jewish values, experiences and community. We offer enrichment activities that support math, reading and writing in addition to Judaism, science, sports, art and music.

**Monday-Friday, 1:00 p.m.-6:00 p.m.  
Kindergarten-Grade 2**

Enclosed are your registration forms for the 2019-20 Gesher school year. **Each student requires a separate registration form, which includes the health information sheet.** If you need additional hard-copy forms, please call the office at 714/871-3535.

**All families must read & sign the Gesher Policy Handbook upon completion of registration.**  
*Please provide Gesher staff with your child's School Calendar.*

## Tuition:

Below is the schedule for 2019-20, which includes supplies, books, and special projects.

Your registration is complete upon submission of completed forms.

**Gesher Program:** Available Monday-Friday for K-2<sup>nd</sup> grade.

- Judaica
- Martial Arts
- Homework Time
- Sports
- Cooking
- Snack
- Tikkun Olam
- Special Activities
- Field Trips

Gesher 2019/20 School Year (The below rates are the monthly rate)					
	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
Afternoon Program 1:00-6:00 p.m. (5 hrs) *Includes Big Wednesdays		\$336	\$429	\$475	\$550
Big Wednesday	\$75				
After 6:00 pm TBT pickup	\$30 for first 5 minutes and \$2.00 per minute thereafter				
The Gesher program includes pickup at elementary school within a 5 mile radius of TBT.					1

# GESHER 2019-2020 School Year

## Parent Contact Information

Home Phone:	_____	
Home Address:	_____	
City, Zip:	_____	
Parent/Adult #1 Name:	_____	
Cell: (____)	Home Phone Number: (____)	Work: (____)
Parent #1 Email:	_____	
May we call you at work?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Parent/Adult #2 Name:	_____	
Cell: (____)	Home Phone Number: (____)	Work: (____)
Parent/Adult #2 Email:	_____	
May we call you at work?		
<input type="checkbox"/> Yes		
<input type="checkbox"/> No		
Emergency Contact 1:	_____	
Relationship to Student:	_____	Address: _____
Cell: (____)	Home Phone Number: (____)	Work: (____)
Emergency Contact 2 (Out of State):	_____	Relationship _____ to
Student:	_____	Address: _____
Cell: (____)	Home Phone Number: (____)	Work: (____)

# GESHER 2019-2020 School Year

## Student Registration

<b>Child1 Name:</b>	
<b>Birth Date:</b>	<b>Grade Fall 2019:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   Can your child read? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Seat Type:</b>	
<b>School Name:</b>	
<b>School Address:</b>	
<b>Child's Teacher &amp; Room #:</b>	
# of day (s) (Please mark all days your child will attend)	Pick-up Schedule (Please indicate the pick-up time for your child each day)
<input type="checkbox"/> <b>Monday</b>	
<input type="checkbox"/> <b>Tuesday</b>	
<input type="checkbox"/> <b>Wednesday</b>	
<input type="checkbox"/> <b>Thursday</b>	
<input type="checkbox"/> <b>Friday</b>	
<b>Child2 Name:</b>	
<b>Birth Date:</b>	<b>Grade Fall 2019:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female   Can your child read? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Seat Type:</b>	
<b>School Name:</b>	
<b>School Address:</b>	
<b>Child's Teacher &amp; Room #:</b>	
# of day (s) (Please mark all days your child will attend)	Pick-up Schedule (Please indicate the pick-up time for your child each day)
<input type="checkbox"/> <b>Monday</b>	
<input type="checkbox"/> <b>Tuesday</b>	
<input type="checkbox"/> <b>Wednesday</b>	
<input type="checkbox"/> <b>Thursday</b>	
<input type="checkbox"/> <b>Friday</b>	

# GESHER 2019-2020 School Year

## MEDICAL RELEASE/PERMISSION SLIP – MUST BE COMPLETED

Pediatrician: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

	Child 1	Child 2
Health/Dietary Condition/Restrictions:		
Does your student require any medical aides (i.e. glasses, hearing, etc.)		
List Medications:		
Is there anything we should know about your child's behavior, personality, etc. (i.e., medical conditions, fear of heights, shy, etc.)		

Medical Insurance Carrier \_\_\_\_\_

Policy/ID # \_\_\_\_\_

The undersigned parent(s) of (Child(ren)'s Name(s))

\_\_\_\_\_, hereby consent to his/her participation in the Temple Beth Sholom camp program.

In consideration of Temple Beth Tikvah's acceptance of my/our child as a participant in this youth activity, I/we both individually and as the legal guardian(s) of my/our child hereby waive any and all claims against Temple Beth Tikvah, its agents and its employees, that may arise out of any injury, loss or damage suffered by my/our child during the activity as a result of his/her leaving the group without authorization or failing to follow any of the camp rules.

I/we hereby authorize Temple Beth Tikvah and its employees and agents to act as my/our agent to consent to or arrange any emergency medical treatment that may be deemed necessary by an attending physician with respect to any illness or injury suffered by my/our child on said activity.

<b>Parent /Guardian Signature</b>	<b>Date</b>
<b>Print Parent /Guardian Name</b>	<b>Relationship to Child(ren)</b>

# GESHER 2019-2020 School Year

## Sunscreen Authorization

(Please complete 1 per child)

Name of child: \_\_\_\_\_

As the authorized representative of the above child, I give my permission for the staff of Temple Beth Tikvah, Gesher Program to reapply sunscreen of SPF 50 or higher to my child as specified below. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, and bare shoulders, arms and legs. It is the sole responsibility of the authorized representative to initially apply sunscreen prior to school drop off.

\_\_\_\_ The staff of Temple Beth Tikvah, Gesher Program may use the sunscreen of their choice; except for the following (if specified):

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\_\_\_\_ Only use sunscreen provided by the authorized representative (please label with your child's name).

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\_\_\_\_ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body.

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Parent's name (print): \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

# GESHER 2019-2020 School Year

## PHOTOGRAPH RELEASE FORM

I give my permission for photographs of my child, \_\_\_\_\_ to be used in the following promotional venues in relation to their activities at Temple Beth Tikvah's Gesher Afterschool Program:

*(Please initial next to each to grant permission for use of your child's photograph.)*

\_\_\_\_\_ TBT's Facebook Page (Open to the public)

\_\_\_\_\_ Gesher Class Dojo (Private for Gesher parents)

\_\_\_\_\_ Gesher and TBT promotional posts or emails (public within the Gesher and TBT Community)

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I also consent for my child's name to be listed in the event of a published photograph. Do not sign if permission is not granted.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I DO NOT give permission for my child's photograph to be used. Any pictures taken may ONLY be used in the classroom or school setting.**

Child's Name:

\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# GESHER 2019-2020 School Year

## Authorization for Administration of Medication at Gesher Afterschool Program

TO: Parents/Legal Guardian, and Licensed Health Care Provider

RE: Administration of medication at Gesher Afterschool Program

The Gesher Afterschool Program is authorized to administer medication (prescribed or over-the-counter oral or topical medication, eye drops or ear drops) to students during school/operating hours. It is our policy that such medications will only be administered when the failure to receive the medication may result in the student being unable to attend school and/or not being well enough to participate in learning activities. Our policy defines medication to mean all drugs, whether prescription or over-the-counter.

The administration of any medication to a student by an employee must be requested and authorized in writing by either a parent or legal guardian **and** a licensed health care provider acting within the scope of his/her license. Specific instructions for administration must be included.

Requests for the administration of medication are valid only for the medication listed and the dates indicated in writing on the request form, and in no case will such requests exceed one school year. Any request for administration during a subsequent school year shall require the request to be re-authorized.

Our program will authorize staff members to administer prescribed or over-the-counter non-prescribed oral or topical medication, eye drops or ear drops. Oral medications are administered by mouth either by swallowing or by inhaling and may include administration by mask if the mask covers the mouth or mouth and nose. Epi-Pen and Epi-Pen Jr. are the only injectibles that school staff will be trained to administer to a student who is susceptible to a predetermined, life-endangering situation.

### **Note to Parents:**

All medication must be:

- Brought to school by the parent
- In the original container, labeled with the student's name, name of the medication, dosage, mode of administration, and name of the health care provider (for prescription medication).
- Not more than a one month supply

On request, a pharmacist can provide an extra container—with the required information at the time the prescription is filled.

# GESHER 2019-2020 School Year

## Authorization for Administration of Medication at Gesher Afterschool Program

### The following section is to be completed by the PARENT/GUARDIAN

(please print)

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Reason for taking it: \_\_\_\_\_

Name of Physician/Health Care Provider

Physician Phone #

Physician Fax #

*I request and authorize the school to administer the identified medication to the above student in accordance with the Health Provider's prescribed instructions, not to exceed the current school year. I give my permission for exchange of information between the program staff and the Licensed Health Care Provider. I understand that the medication is to be furnished by me in the original container.*

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### The following section is to be completed by the PHYSICIAN/HEALTH CARE PROVIDER

(please print)

Diagnosis for which medication is given: \_\_\_\_\_

Name of medicine: \_\_\_\_\_

Dosage, time and mode of administration: \_\_\_\_\_

If medicine is to be given AS NEEDED, describe indications: \_\_\_\_\_

If medication is prescribed for a limited length of time, please write duration: \_\_\_\_\_

List significant side effects: \_\_\_\_\_

Other information (storage instructions): \_\_\_\_\_

*I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated. Medication orders are good for the current school year, unless a shorter period is specified.*

*There exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.*

**Health Care Provider's Signature:** \_\_\_\_\_

**Health Care Provider's Printed Name:** \_\_\_\_\_

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Health Care Provider Stamp:



# GESHER 2019-2020 School Year

## GESHER FEE SCHEDULE

Child 1 Name: \_\_\_\_\_

Please Circle Program for child 1: (The below rates are the monthly rate)					
	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
<b>Afternoon Program</b> 1:00-6:00 p.m, (5 hrs) <b>*Includes Big Wednesdays</b>		\$336	\$429	\$475	\$550
<b>Big Wednesday</b>	\$75/ month				

Child 2 Name: \_\_\_\_\_

Please Circle Program for child 2: (The below rates are the monthly rate)					
	1 day per week	2 days per week	3 days per week	4 days per week	5 days per week
<b>Afternoon Program</b> 1:00-6:00 p.m, (5 hrs) <b>*Includes Big Wednesdays</b>		\$336	\$429	\$475	\$550
<b>Big Wednesday</b>	\$75/ month				

Child 1 Tuition = \$ \_\_\_\_\_

+

Child 2 Tuition = \$ \_\_\_\_\_

=

**Total Monthly Tuition =** \$ \_\_\_\_\_

Payment will be made (please check one):  in full  monthly  other \_\_\_\_\_

Payment by (please check one):  check  credit card

Note: there is a 3.5% processing fee on each transaction over \$100.00

Credit Card Number \_\_\_\_\_

Which credit card?  MasterCard  Visa  Discover  AmEx

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Number on Back of Card \_\_\_\_\_ Signature \_\_\_\_\_