



**2022-2023**  
**MENSCH UNIVERSITY REGISTRATION FORM**

**STUDENT INFORMATION**

Name:	Nickname:	Gender:
Hebrew Name:	Participant Email: (mandatory for Middle & High School students)	
Date of birth: (please include year)	Participant Cell Phone: (mandatory for Middle & High School students)	
School Name:	Grade as of Fall 2022:	

**PARENTAL INFORMATION**

Parent/Guardian 1:		
Address:		
City, State:	Zip Code:	E-mail:
Phone:	Work Phone:	Cell Phone:
Occupation:		
Parent/Guardian 2:		
Address: (if different)		
City, State:	Zip Code:	E-mail:
Phone:	Work Phone:	Cell Phone:
Occupation:		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single		
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other		
If Divorced: Is a court order on file? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a copy is required.		

**EMERGENCY CONTACT (OTHER THAN A PARENT)**

Name:	Phone:	Cell Phone:	Relationship:
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**MEDICAL INFORMATION**

**What special information should we have concerning your child? (Special classes, learning disabilities, emotional disturbances, hyperactivity, medications, speech & hearing challenges, allergies, medical conditions, etc.) Please be specific in order for us to help your child be more successful:** \_\_\_\_\_

\_\_\_\_\_

List all allergies, food or medication, if any: \_\_\_\_\_

List all medications, if any, your child takes, and dosage schedule: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Health Insurance Address:	Policy Number:
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# MENSCH UNIVERSITY

Fees are not reduced as a result of absences, vacations, or other commitments. Prior year balances are to be paid in full or a payment arrangement approved before the 2022-2023 registration is processed. If you have questions or need to make financial arrangements, please contact the Finance office at 954-346-7878.

Placement is at the discretion of the Director of Education & Youth Engagement. Group size is based on space availability and will be filled as applications are received. Parents are responsible for ensuring that their child arrives on time and stays until the end of the program. Students are responsible for all textbooks and materials; replacement for lost or damaged books will need to be paid in order to receive an additional copy.

By registering your child, you grant permission to CKT to use any photographs of your child for publicity and marketing purposes. You will not receive compensation for the use of any images. **Please check one (if you do not check anything, that will be deemed as granting permission):**

Yes, I grant permission to use photos.  
No, I do not grant permission.

By registering your child, you release Congregation Kol Tikvah and its staff of any and all liabilities incident to and arising out of all programs. In addition, you give permission to the teachers, groups' advisors, Congregation Kol Tikvah staff and/or directors to secure proper medical treatment in case of an emergency in the event you cannot be reached.

The school schedule for the upcoming year is as follows:

<b>Sunday</b>	9:00AM - 11:30AM	Kindergarten - Grade 6
<b>Monday</b>	5:30PM - 6:30PM	Dinner
	6:30PM - 7:30PM	Grades 7th-12th
	6:30PM - 7:30PM	BBYO
	6:30PM - 7:30PM	10th Grade Confirmation Class
<b>Tuesday</b>	4:15PM - 5:45PM	Grades 3-6th

**PLEASE NOTE -- We will NOT be offering a virtual option.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Return or Mail to:  
**Congregation Kol Tikvah**  
6750 University Drive, Parkland, FL 33067  
T. 954-346-7878 · F. 954-346-0881