



ATID

Alliance for Teens in Detroit

"A Monday-Night Program for Conservateens"

www.atidhs.org ~ atidhs@gmail.com

Sign up for one. Sign up for all. The choice is yours!

*More information
to come about
fabulous travel
experiences!*

Dear Teen,

We need you. It is that plain and simple. Your people; your community; your ancestors and descendants; your synagogue; we all need you:

- To learn more about Judaism than what you could as a child;
- To strive harder to make this world a better place;
- To build community;
- To pray;
- To make Jewish friends;
- To step up as leaders of our people.

We need you and, frankly, you need us. We – your rabbis, cantors, educators and teachers – are here for you in every way. **ATID: The Alliance for Teens in Detroit** represents a strong collaboration among Conservative congregations Shaarey Zedek, Adat Shalom, Beth Ahm and B'nai Moshe. We are working together to create engaging and dynamic educational, social, and social action opportunities. Please select among the following options below and continue along your sacred journey.

Rabbi Aaron Starr
ATID Director

Elissa Berg
Monday Night School Principal

Jodi Gross
Teen Volunteer Corps Coordinator

Vadim Avshalumov
MCUSY Advisor

Toby Bello
Exp. Ed. Coordinator

MONDAY NIGHT SCHOOL

Are you searching for a high-level Jewish learning experience, taught by our community's leading rabbis, cantors, educators and teachers? **ATID's Monday Night School** for 8th-12th graders provides Jewish education for post B'nai Mitzvah teens in a stimulating environment fostering an appreciation of lifelong Jewish living and learning. ATID's faculty provides the highest levels of Jewish learning and includes our community's leading rabbis, cantors, and Jewish educators. Tuition information is included in this packet.

MCUSY

ATID's MCUSY (Motor City United Synagogue Youth) gives each teen a chance to experience Judaism in a way that is personally meaningful. MCUSY instills fervor for Judaism that fills the mind and, more importantly, the heart. This experience of the Jewish way of living, through friendship, action, prayer and study, leads to personal growth and spirituality while making a significant contribution to your synagogue, community, Israel and the Jewish people. An elected board of teens plans all of the activities. Several times a year MCUSY members attend CRUSY (Central Region USY) conventions planned by teens. MCUSY offers teens a chance to build leadership skills and create lasting friendships while having fun! There is a registration fee of \$36 to participate in MCUSY; no charge if the student is signed up for Monday Night School.

TEEN VOLUNTEER CORPS

Tikkun Olam – repairing the world – is a major component of Judaism. **ATID's Teen Volunteer Corps** combines direct hands-on involvement with learning focused on Jewish social and ethical issues. Social action, volunteering, friendship, expanded horizons, and fun, are all part of the Teen Volunteer Corps. The Teen Volunteer Corps is putting Jewish values into everyday life and empowering teens to be involved and impact the Jewish community and Metro Detroit. A teen advisory board creates, organizes and recruits volunteers for projects. The board meets at least three times during the school year. There is a registration fee of \$36 to participate in Teen Volunteer Corps; no charge if the student is signed up for Monday Night School.

Sign up for one. Sign up for all. The choice is yours!

"OUR MISSION"

Providing Jewish education for post-b'nai mitzvah teens in a stimulating environment fostering an appreciation of lifelong Jewish living and learning.

ATID ENROLLMENT FORM
Monday Night School • Teen Volunteer Corps • MCUSY
For Academic Year 2011-2012

STUDENT INFORMATION

Student's name: _____

Student's Hebrew name: _____

Home address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ *E-mail address: _____

Secular School Name: _____ Grade as of Sept. 2011: _____

Synagogue Affiliation: _____

Yes! Please sign me up to participate in (Please check all that apply):

Monday Night School

MCUSY

Teen Volunteer Corps

PARENT / GUARDIAN INFORMATION

Parent 1 name: _____

Address, if different than students: _____

Daytime phone: _____

Evening phone: _____

Cell phone: _____

*E-mail address: _____

Parent 2 name: _____

Address, if different than students: _____

Daytime phone: _____

Evening phone: _____

Cell phone: _____

*E-mail address: _____

Student lives with: _____

***Much of our correspondence with parents and teens is through e-mail.
Enrollment forms will not be complete without e-mail addresses listed. Thank you.**

**Please fill out this form and return them with the fee schedule form to:
ATID / PO Box 3142 / Farmington Hills, MI 48333-3142 (Fax: 248-851-3190)
If you have questions, please contact ATID Director Rabbi Aaron Starr
248-357-5544 ~ atidhs@gmail.com**

EMERGENCY CONTACT

Please indicate an alternate contact in the event you are not available:

Emergency Contact (other than parent/guardian): _____ Relationship: _____

Cell phone: _____ Home phone: _____

MEDICAL INFORMATION

Does your teen have any illnesses or chronic conditions of which school personnel need to be aware (i.e., asthma, dietary restrictions, allergies, ADD/ADHD, hearing, vision, speech)? If yes, please list:

Is your teen taking any medications of which school personnel need to be aware? If yes, please list:

In case of injury or illness while your teen is at school, every effort will be made to contact the parent/guardian or emergency contact. The following instructions will remain in force for the current academic year unless revoked in writing by the parent/guardian:

I give permission to the staff of ATID to administer first aid to my child when (s) he is in attendance during an ATID event. In case of a medical emergency, I authorize the staff of ATID to obtain emergency medical and/or emergency surgical treatment for my child.

Parent signature: _____ Date: _____

AFFIRMATION OF JEWISH STATUS

ATID admits Jewish children as defined by Conservative Jewish law. This means children born of a Jewish mother (whether Jewish by birth or by conversion) or children who have undergone conversion. If there is a question regarding the Jewish status of your child, please contact the director of ATID or your congregational rabbi.

I affirm that my child, the above registrant for ATID, is Jewish according to Conservative Jewish law.

Parent signature: _____ Date: _____

CONSENT FOR RELEASE OF PHOTOGRAPHS, PRINT MATERIALS & ELECTRONIC MEDIA

I hereby grant permission for my child to be photographed, video-taped or interviewed by ATID or any of its authorized agents, and consent to the publication, broadcast or other use of said material. In addition, intending to be legally bound, I, for myself, my heirs, executors and administrators, release ATID and any parties acting on its behalf and with its approval, from liability for such use of my child's images or words.

Parent Signature: _____ Date: _____

ATID: ALLIANCE FOR TEENS IN DETROIT 2011-2012 MONDAY NIGHT SCHOOL FEE SCHEDULE

Standard Tuition Rate for Monday Night School is \$700.00

Registration fees for MCUSY and Teen Volunteer Corps are included if a student registers for Monday Night School, though additional charges may apply per event. It is \$36 per student registration fee if s/he is not registered for Monday Night School.

Note: Additional fees will be charged for the graduation year and any travel experiences

Please attach this fee form to the ATID enrollment application form(s)

Registration forms must be accompanied by a \$50.00 non-refundable deposit per teen. All ATID fees must be paid in full by April 15, 2012. If you would like to pay by credit card (VISA or MasterCard, Discover, or American Express) please complete the information at the bottom of this form. A sibling discount of \$50.00 may be deducted for each additional teen residing in the same home.

Financial-related questions concerning your teen's enrollment in the ATID program should be directed to: Alan Yost, at 248-851-5100 or ayost@adatshalom.org.

NAME(S) OF STUDENT(S)	GRADE (2011-12)	DEPOSIT ATTACHED (\$50/student)	SIB DISCOUNT (-\$50/ add. sibling)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CHOOSE FROM ONE OF THE FOLLOWING PAYMENT OPTIONS:

___ Full Payment by **October 14, 2011.**

___ Three Payment Plan: This plan enables you to pay 1/3 of your balance each time. Payment dates will be: **October 14, 2011, January 13, 2012, and April 13, 2012.**

___ Monthly CC Payment Plan: This plan enables you to pay your balance at a rate of \$100.00 per month beginning September, 2011 and ending March, 2012.

Early Bird Discount!
Pay your ATID tuition deposit by July 15, 2011 and receive \$50 off the full tuition price!!

**All checks should be made payable to "ATID" and sent to:
ATID / PO Box 3142 / Farmington Hills, MI 48333-3142 (Fax: 248-851-3190)**

I understand the responsibilities inherent with our family being registered in the ATID Program. I am aware that if my balance is not current with my payment option my children's enrollment can be suspended until such time as it becomes current.

CREDIT CARD PAYMENT OPTION (Please print clearly)

If you would like to pay your account by credit card, please give the following information:

Name: (as on credit card) _____

Type of Card: (Circle One: MC / VISA / Disc / AmEx) _____

Card Number: _____

Expiration Date: _____ 3-4 digit security code _____

I give ATID permission to charge my credit card on the payment plan above.

Signature

Date

ATID: ALLIANCE FOR TEENS IN DETROIT
2011-2012 Teen Volunteer Corps and MCUSY

Standard Registration Fee for MCUSY and Teen Volunteer Corps is \$36.00

Note: Additional fees may be charged for specific events.

Please attach this fee form to the ATID enrollment application form(s)

Registration forms must be accompanied by the \$36.00 non-refundable fee per teen. Financial-related questions concerning your teen's enrollment in the ATID program should be directed to: Alan Yost, at 248-851-5100 or ayost@adatshalom.org.

NAME(S) OF STUDENT(S)	GRADE (2011-12)	TVC and/or MCUSY?	FEE ATTACHED (\$36/student)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**All checks should be made payable to "ATID" and sent to:
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I understand the responsibilities inherent with our family being registered in the ATID Program. I am aware that if my balance is not current with my payment option my children's enrollment can be suspended until such time as it becomes current.

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I give ATID permission to charge my credit card on the payment plan above.

Signature

Date

ATID: Alliance for Teens in Detroit
MONDAY NIGHT SCHOOL SCHOLARSHIP APPLICATION FORM

PLEASE TYPE OR PRINT. Answer all questions completely. All information will be treated with the strictest confidentiality.

Completed application must be returned with registration forms to: ATID; PO Box 3142; Farmington Hills, MI 48333 / FAX: 248-851-3190

NO FINANCIAL ASSISTANCE WILL BE AWARDED WITHOUT CURRENT FORMS ON FILE.

I. STUDENT INFORMATION

Student's Name _____ Grade in Public School _____

Additional names and grades if applying for scholarships for more than one child

Name _____ Grade _____

Name _____ Grade _____

Does child(ren) live with both parents? _____

If not, with whom does the child(ren) live? _____ Relationship _____

II. FAMILY INFORMATION

A. If your family has come to the U.S. from another country, please list the country and date of arrival in the U.S.

(Month/year) _____

B. Total number of children in family _____

C. Parent/Guardian (P/G) (1) _____ Occupation/Title _____

Full Time _____ Part Time _____ If part time, # hours/week _____

How long at current employer _____ Business phone _____

P/G (1) annual total income before taxes, including salaries, alimony/child support, interest and dividends, non-taxable income, and other benefits and compensation.

TOTAL income for 2010 \$ _____ Estimated TOTAL income for 2011 \$ _____

D. Parent/Guardian (2) _____ Occupation _____

Full Time _____ Part Time _____ If part time, # hours/week _____

How long at current employer _____ Business phone _____

P/G (2) annual total income before taxes, including salaries, alimony/child support, interest and dividends, non-taxable income, and other benefits and compensation.

TOTAL income for 2010 \$ _____ Estimated TOTAL income for 2011 \$ _____

III. MAJOR MONTHLY EXPENSES

House/Rent payments (per month) \$ _____ Rent _____ Own _____

Car payments (per month) \$ _____ No. of cars _____ Year of each car _____

Loan payment (per month) \$ _____ Type of loan _____

Other outstanding bills/expenses _____

IV. UNUSUAL FINANCIAL CIRCUMSTANCES

Please explain why you are applying for an education scholarship by telling us any other information that would be helpful for us to know.

This might include unusual expenses, significant changes in income in recent years or expected this year, illness, housing or employment difficulties, debts, support of aged relatives, etc. (Please attach additional pages if needed).

V. CONGREGATIONAL AFFILIATION

Does your family currently belong to a congregation? Yes _____ No _____ If yes, which one? _____

If not, have you made plans to join a congregation? Yes _____ No _____ If not, please explain: _____

VI. PARENTAL VERIFICATION

We have checked this application and affirm that the information given is complete and correct.

Signature of parent /Legal Guardian

Date