



ENROLLMENT FORM
For Academic Year 2009-2010

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. 2009: _____

Synagogue Affiliation: _____

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)**

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 Hebrew High or USY events. 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 only 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 yours is the case in which the mother and/or child is Jewish by conversion, please indicate the rabbi's name who guided the 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 _____ is Jewish.

(Parent's Signature)

Rabbi's name: _____

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.

Signature: _____ Date: _____

**ATID: ALLIANCE FOR TEENS IN DETROIT
2009-2010 FEE SCHEDULE**

Standard Tuition Rate \$700.00

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 16, 2010. 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 (9/09)	DEPOSIT ATTACHED (\$50/student)	SIB DISCOUNT (-\$50/ add. sibling)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CHOOSE FROM ONE OF THE FOLLOWING PAYMENT OPTIONS:

Full Payment by **October 16, 2009.**

Three Payment Plan: This plan enables you to pay 1/3 of your balance each time. Payment dates will be: **October 16, 2009, January 15, 2010, and April 16, 2010.**

Monthly CC Payment Plan: This plan enables you to pay your balance at a rate of \$100.00 per month.

**All checks should be made payable to "ATID" and sent to:
ATID / P.O. Box 3142 / Farmington Hills, MI 48333-3142**

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 we become current.

_____ (Parent Signature required)

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: _____

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

Signature

Date

ATID: Alliance for Teens in Detroit

JEWISH EDUCATIONAL 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 2008 \$ _____ Estimated TOTAL income for 2009 \$ _____

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 2008 \$ _____ Estimated TOTAL income for 2009 \$ _____

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