

**REGISTRATION FORM for
STRATEGIC HEBREW City Explorers Program Summer 2014**

Explorer information:

Name _____ Birth date _____

Mailing Address _____

Email _____ Cell Phone _____

Grade as of Fall 2014 _____ School _____

Parent 1 information (primary contact):

Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Best way to reach you (please circle) Work Phone _____

Email Phone

Home / Cell / Work

Parent 2 information (secondary contact):

Name _____ Home Phone _____

Email Address _____ Cell Phone _____

Best way to reach you (please circle) Work Phone _____

Email Phone

Home / Cell / Work

EXPLORER'S PLEDGE: *I am looking forward to taking part in the Strategic Hebrew City Explorers program. I agree to participate with an open mind and do my best to speak in Hebrew throughout the week.*

Explorer Signature _____ Date _____

Guardian Signature _____ Relationship _____

Please mail your non-refundable deposit of \$150 to 665 West End Avenue, Suite 1B, NY NY 10025.

Full payment must be received by July 1 (circle one). Make checks out to Strategic Hebrew, Inc.

Early Bird \$260 (4/1) Regular \$300 (6/1) Late \$350 (8/10) **2 for 1 RUSH \$400 (Ends 8/1)**

IN CASE OF EMERGENCY

We will notify the primary contact parent by phone first. In the event that neither parent can be reached, please provide us with a local emergency contact who will be available during the program hours and has knowledge of any medical conditions specific to your child.

Emergency Contact:

Name _____ Home Phone _____

Relationship to Explorer: _____ Cell Phone _____

_____ Work Phone _____

Health Care Provider

Name _____ Phone _____

Insurance Carrier: _____

Policy # _____

Does your child have any allergies? Please describe triggers (i.e. airborne, contact, etc.) and treatment (does child carry epi pen, etc.):

Is there anything else we should know about your child in order to protect his/her safety during this program?

PARENT QUESTIONNAIRE

Dear Parents,

In our efforts to provide a comfortable and enriching environment for your child to develop his/her Hebrew skills, your feedback is very important to us. Please take a moment to answer a few baseline questions that will help us evaluate the success of the program.

If you have any questions or concerns leading up to the program or during the program itself, please don't hesitate to reach out by phone (732-707-7325) or email (amy@StrategicHebrew.com). We look forward to a fun, mind broadening experience with your child this summer!

How important is Hebrew language in your household?

Least 1 2 3 4 5 6 7 8 9 10 Most

How frequently is Hebrew spoken within your household?

Least 1 2 3 4 5 6 7 8 9 10 Most

In what context is Hebrew spoken most?

What do you hope your child will gain from this fellowship?

Do you have any questions about the program as described and/or your child's participation in the fellowship?

Photo and Technology Release:

As Strategic Hebrew Speakers learn and grow in their facility with the Hebrew language, we create journal entries, photos and video clips to document their process. This tangible evidence will allow students to see exactly how far they have come and will become a source of pride and confidence as lessons continue over time.

Please sign and return this form to acknowledge that these portfolio materials will also be archived by Strategic Hebrew, Inc. and may be used by Strategic Hebrew, Inc. for documentary and publicity purposes, including posting on the website, newsletters, facebook and other forums. This documentary material will not be distributed to any third party and will only be used by Strategic Hebrew, Inc. for training and development.

* * * * *

Acknowledgement: *I have read and understand the above letter and consent for my child and my child's work to be pictured in documentary and publicity materials for the express use of Strategic Hebrew, Inc.*

Fellow's Name: _____

Guardian Signature _____ **Date** _____

Field Trip Permission Form:

The Strategic Hebrew Explorers program will take place in museums, zoos, parks and attractions throughout New York City. You will receive a schedule in early May detailing our planned locations for the duration of the program.

Please sign below to advise us of your preferred arrival/dismissal plans.

* * * * *

Consent: *I give my child permission to take part in the field trips associated with the Strategic Hebrew City Explorers Program and to travel between venues during the course of the day as per program schedule.*

_____ My child will meet the group at the designated venue (10 AM) and be picked up at our last stop of the day (no later than 3 PM).

_____ My child will meet the group at our home base at 8:45 AM for early drop off (\$35/week) and be picked up at our last stop of the day (no later than 3 PM).

_____ My child will meet the group at our home base at 8:45 AM for early drop off (\$35/week) and return to the home base for 4 PM pick up at the end of the day.

Explorer Name: _____

Guardian Signature _____ **Date** _____

Name of caregiver(s) who will pick up explorer at the end of the day:
