

**REGISTRATION FORM for  
STRATEGIC HEBREW City Explorers Program SUMMER 2015**

**Explorer information:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade as of Fall 2015 \_\_\_\_\_ 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 May 1 (circle one). Make checks out to Strategic Hebrew, Inc.**

	<b>Regular</b>	<b>Early Bird (ends 3/2)</b>	<b>Discount Code (if applicable)</b>
<i>5 Day Program</i>	\$395	\$325	_____
<i>Early Drop-Off</i>	\$15/day or \$60/week		_____

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.):**

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

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## 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](mailto: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?**

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

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

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**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.

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**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** \_\_\_\_\_

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**Field Trip Permission Form:**

The Strategic Hebrew Explorers program will take place in museums, zoos, parks and attractions throughout New York City. Detailed itinerary will be sent to registered participants in early June. Meeting places will be in Manhattan, determined by venue location. If there is enough interest, additional meeting points can be arranged in student neighborhoods.

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 be picked up at the end of the day (no later than 3 PM).

\_\_\_\_\_ My child has permission to leave on his/her own at the end of the day.

**Explorer Name (print):** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_