

**Are you in 8<sup>th</sup> - 12<sup>th</sup> grade? Want fun, learning and relevance you will never forget?  
Like food, overnights, trips, pool parties, movies, and hanging out with Jewish  
teens? Come join the Kehillah Youth Group!**

**Kehillah Youth Group Membership Form  
Chapel Hill Kehillah, 1200 Mason Farm Rd., 27514  
2011-2012**

Child/ren's Last Name \_\_\_\_\_

1st Parent's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

2nd Parent's Name \_\_\_\_\_  
Street Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contacts**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Fees**

Application postmarked by May 2:           \$150 x \_\_\_\_\_ # of children enrolling = \_\_\_\_\_

Application postmarked by June 15:       \$165 x \_\_\_\_\_ # of children enrolling = \_\_\_\_\_

Application postmarked after June 15:     \$180 x \_\_\_\_\_ # of children enrolling = \_\_\_\_\_

**Nonmembers (of the Kehillah)**       add \$50 x \_\_\_\_\_ # of children enrolling = \_\_\_\_\_

I am contributing additional funds to help support the youth group = \_\_\_\_\_

Total due = \_\_\_\_\_

\_\_\_\_\_ Yes! I am a teen interested in being on the Youth Group Board, please contact me!

Name of 1st (oldest) child enrolling \_\_\_\_\_  
Birth Date \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
Secular School \_\_\_\_\_ Grade for 2009-10 \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Current medical diagnoses/conditions \_\_\_\_\_  
Medications \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other information we should know \_\_\_\_\_  
\_\_\_\_\_

Name of 2nd child enrolling \_\_\_\_\_  
Birth Date \_\_\_\_\_ Hebrew Name \_\_\_\_\_  
Secular School \_\_\_\_\_ Grade for 2009-10 \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Current medical diagnoses/conditions \_\_\_\_\_  
Medications \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other information we should know \_\_\_\_\_  
\_\_\_\_\_

Emergency Information: In case of minor illness or injury of my child/ren at school, I give the staff permission to give basic first aid to my child. In case of major injury or illness, I understand that staff will make every effort to contact me. If they are unable to do so, I give permission for my child's physician and/or an ambulance to be contacted and for a physician to hospitalize and/or secure proper treatment for my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Substance Abuse: I understand that no smoking, alcohol or drugs other than those prescribed by a licensed physician will be permitted at any Kehillah teen event. If my child is caught in possession of or using cigarettes, alcohol and/or drugs, I will be notified. If I am able to pick up my child, I will do so immediately. If not, my child will be sent home at my expense with an adult supervisor.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Unacceptable Behavior: The Kehillah aims to provide a comfortable and safe space for all teens and staff. If my child exhibits aggressive behavior, is consistently disruptive or makes disparaging remarks towards staff or other teens, my child may be asked to leave the program. In cases of a teen leaving the program due to unacceptable behavior, there will be no fee reimbursement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_