



**404 Reisterstown Rd
Baltimore, Maryland 21208
(443) 334-5927**

Child's first name: _____

Last name: _____

Mother's Name: _____

Father's Name: _____

Address: _____ zip: _____

Home phone: _____

Father's Cell phone: _____

Mother's Cell phone: _____

Child's School: _____

School phone number: _____

____ I have enclosed my child's IEP (optional)

____ I give Menucha permission to request my child's IEP from his/her school. (optional)

In this program, children are introduced to Jewish values and culture, enabling them to participate more fully in their community. Menucha engages occupational, speech and language and physical therapists as well as a special educator, to advise in overall programming, and modifying the program per each child's IEP and/or capabilities.

Payment: (Chose ONE)

NOTE: If you are planning to pay with LISS funds, please check option 2.

1. ____ I am using the early bird discount by paying in full before June 30, 2013, and am enclosing \$600.00.

*2. ____ I am enclosing **ten** postdated checks in the amount of **\$75.00 each**.*

I understand that if LISS or another agency pays the tuition, the checks will not be cashed. If only part of the tuition is paid, only those checks required to cover the tuition balance will be cashed.

*3. ____ I have earmarked **all** of my child's LISS funds **AND** tuition is a genuine financial hardship at this time. Please call me to arrange tuition reduction.*



FULL RELEASE

The undersigned _____ (“Parents”), as the parents and/or legal guardians of _____ (“Child”), hereby acknowledge that the Child will be engaging Menucha volunteers, and/or engaging in one or more programs of MENUCHA, INC. (the “Organization”) In connection with, and as a condition of, Child’s participation in the Program, Parents hereby agree as follows:

1. Parents hereby grant permission for Child to participate in MENUCHA’s Programs. Parents know the risks and dangers involved in any Program and are aware that unanticipated and unexpected dangers may arise during such Programs. Parents assume all risks of injury to Child that may be sustained in connection with any Program.
2. In consideration of the permission granted to Child by the Organization to participate in the Program, Parents hereby, on their own behalf and on behalf of Child, release, remise and discharge the Organization of and from all claims, demands, actions, and causes of action of any sort, for injuries sustained by one or more of Parents or Child and/or their respective property in connection with their participation in the Program due to negligence or any other fault.
3. Parents represent and certify that they are fully authorized to enter into this FULL RELEASE on their own behalf and on behalf of Child. Parents hereby further represent and certify that Child’s participation in the Program is voluntary, and that neither Parents nor Child are, in any way, the employee, servant, or agent of the Organization.
4. PARENTS HAVE (I) READ AND (II) FULLY UNDERSTOOD THE FOREGOING FULL RELEASE.

TO GIVE EFFECT TO THE FOREGOING, Parents have executed this Full Release as of this _____ day of _____, 2018.

PARENT’S SIGNATURE

CHILD’S NAME



Emergency Information

Family name: _____

Address: _____ Phone: _____

Father's Cell: _____ Mother's Cell: _____

Doctor's name: _____ phone: _____

Dentist: _____ phone: _____

Emergency contact: _____ relationship: _____

Address: _____ phone: _____ cell: _____

Email Address: _____

I hereby give permission to Menucha, Inc. to obtain medical care for my child in the event of an emergency.

Sign: _____ Date: _____



Child's full name: _____

At school child receives: (circle all that apply) OT PT SLP

School Child attends: _____ Child's date of birth: _____

Does your child have behavioral issues? _____ If yes, please explain: _____

Does your child have any allergies to food? _____ If yes, please explain: _____

My child can:	Independently	Needs minimal/moderate assistance	Needs full assistance
Cut/paste	_____	_____	_____
Color	_____	_____	_____
Eat	_____	_____	_____
Toilet (if trained)	_____	_____	_____
Walks (if mobile)	_____	_____	_____
Get dressed	_____	_____	_____
Enter/exit a car*	_____	_____	_____

* Please note that Menucha uses the child's family vehicle to transport children who cannot enter and exit a vehicle completely independently. If your family vehicle is not equipped with a lift or other device which allows your child to enter and exit the vehicle with safety and ease, we regret that we cannot transport the child.



Photograph/Video Release Form

Child's name: _____

Address: _____

Home phone number: _____

By signing this document, I give my permission for the photograph/video of my child to be used by MENCHUA, Incorporated. My signature on this release form gives photograph release rights to MENCHUA, Incorporated. This release pertains to print as well as electronic media, including brochures, advertisements, annual reports, etc., and other materials used to promote MENCHUA, Incorporated.

Accepted and approved as written:

Print name

Signature

Date