

2016-2017 Nanuet Hebrew Center USY & Kadima Membership Application

Fees: Kadima (Grades 6-8) \$36 Non-members: \$54
(2015-2016 paid members: no charge) USY (Grades 9-12) \$54 Non-members: \$72

Youth Name: _____ Address: _____

Home Phone: (____) _____ Youth Cell: (____) _____

Youth Email Address: _____

Grade as of September, 2016: _____ School: _____

Birthday: _____

Best Way to Reach You (**please check one**): Email Home Phone Cell Phone

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Home Number: (____) _____ Home Number: (____) _____

Cell Number: (____) _____ Cell Number: (____) _____

Email Address: _____ Email Address: _____

Parents/Guardians Available to Supervise/Chaperone Events? Yes No

Parents/Guardians Available to Help Prepare and/or Serve Meals at Teen Congregation? Yes No

Emergency Contact: _____ Relationship to Member: _____

Home Number: (____) _____ Cell Number: (____) _____

MEDICAL INFORMATION:

Medication: _____

Allergies: _____

Other Important Medical information: _____

By signing this form, I give permission for my child to be photographed and for said photographs to appear on social media. If you do not want your child(ren) being photographed, please contact Galit Maayani

*** In case of medical or surgical emergency, I understand that every effort will be made to contact parents/guardians of youth member. In the event that I cannot be reached, I hereby give permission to the Youth Director or the designee to secure all proper treatment for my child as named above***

Parent Signature: _____ **Date:** _____

Please make checks payable to: Nanuet Hebrew Center – Youth Group

Mail application to: Nanuet Hebrew Center – Youth Group, 411 S. Little Tor Road, New City, NY 10956

OR: Drop off application at Nanuet Hebrew Center Office

Contact Information: Eden Nebel (Chapter President: EdenNebel@gmail.com

Galit Maayani (Youth Advisor) NHCAdvisor@gmail.com

Synagogue Office: (845) 708-9181

