



**BEIS MEDRASH REGISTRATION INFORMATION - YESHIVAS OHR REUVEN 2018-2019**

Student's Name: \_\_\_\_\_ Rosh Chaburah \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

**Check off which zman and meal programs are being selected (see chart below) and choose one of the payment options.** Registration for a specific zman is only applicable for 3<sup>rd</sup> year Beis Medrash and higher or with specific approval.

	Full Year	Elul Zman	Winter Zman	Summer Zman
<b>Tuition</b>	<input type="checkbox"/> \$12,100 (includes \$500 toward the Annual Dinner Campaign)	<input type="checkbox"/> \$1,573	<input type="checkbox"/> \$8,107	<input type="checkbox"/> \$2,420
<b>Dorm</b>	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$390	<input type="checkbox"/> \$2,010	<input type="checkbox"/> \$600
<b>Lunch</b>	<input type="checkbox"/> \$945	<input type="checkbox"/> \$123	<input type="checkbox"/> \$633	<input type="checkbox"/> \$189
<b>Supper</b>	<input type="checkbox"/> \$1,490	<input type="checkbox"/> \$194	<input type="checkbox"/> \$998	<input type="checkbox"/> \$298
<b>FACTS Payment Schedule</b>	Tuition and dorm payments - scheduled over 10 months on the 25 <sup>th</sup> of the month. Lunch and supper payments - scheduled as 2 equal payments in August and February.	Tuition, dorm, lunch and supper payments - 1 payment in August or at the time of registration.	Tuition and dorm payments - scheduled over 6 months on the 25 <sup>th</sup> of the month. Lunch and supper payments - scheduled as 2 equal payments in October and January.	Tuition and dorm payments are scheduled over 2 months on the 25 <sup>th</sup> of the month. Lunch and supper payments - scheduled as 1 payment in May.

**Select a payment option:**

- I have set up a YOR FACTS agreement via the FACTS website (<https://online.factsmtg.com/signin/3G52Q>) and authorize FACTS to use my banking information to make payments as per the above chart.
- I hereby RE-authorize FACTS to use my banking information to make payments as per the above chart.
- I will pre-pay the full costs prior to the beginning of the school year.

If for any reason, my son does not complete the school term/zman, I understand that any contract signed remains binding and I will be responsible for any balance due. I understand that registration is not complete unless payment is made in full prior to the beginning of the school year or the FACTS enrollment is complete.

- I have attached the **Student and Family Data form** and the **Insurance Information and Release form**.

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions about registration, please contact the Business Office at (845) 362-8362, ex. 108 or email [businessoffice@ohrreuve.com](mailto:businessoffice@ohrreuve.com). The Business Office's summer hours are 9:45 – 1:30 MON-THU (closed from July 31st - August 14th).

**FACTS/TUITION PAYMENT POLICY**

The FACTS payment program has greatly enhanced the financial stability of the Yeshiva; if you have questions, you can visit FACTS online or call (866) 441-4637. Note: There is no fee for ACH, but FACTS does have a 2.85% fee for credit card payments.

**TUITION ASSISTANCE**

The Yeshiva is only able to fund a number of tuition scholarships based on availability and need. To request assistance, please download the [Tuition Assistance Application](#) available on [ohrreuve.com/forms.php](http://ohrreuve.com/forms.php).

**DORM**

The dorm fee is separate from the tuition charge. Financial arrangements for the dorm fee must be made before a talmid can be assigned or move in to a room in the dorm.

**MEALS**

Lunches (Sun – Thu) are provided by Continental Kosher Catering under the hashgacha of Rabbi Yechiel Steinmetz, shlit"a. Suppers (Sun-Thu) are provided by Ephi's Catering under the hashgacha of Rabbi Yitzchok Heimowitz of Yeshiva Shaarei Torah. Catered meals are mandatory for all students residing in the dorm.



## STUDENT AND FAMILY DATA FORM

- New student for 20\_\_ year** Please complete all sections of the form below.
  **Existing student** Please note below any changes to existing information on file.

### STUDENT INFORMATION

Students Name:		
Address:		
City:	State:	Zip:
Phone #:	Fax:	
Email:	Social Security #:	
Date of Birth:	Place of Birth:	

### FAMILY INFORMATION

Family Synagogue:	Rav's Name:
Home Address: <i>(if different from above)</i>	
Fathers Title and Name:	Phone #:
Home Address: <i>(if different from above)</i>	
Father's Occupation:	Employed by:
Address:	
Phone:	Cell #:
Mothers Title and Name:	Maiden Name:
Home Address: <i>(if different from above)</i>	
Mother's Occupation:	Employed by:
Address:	
Phone:	Cell #:

### GRANDPARENT INFORMATION

Paternal Grandparents	Maternal Grandparents
Name:	Name:
Address:	Address:
City:                      State:                      Zip:	City:                      State:                      Zip:
Country:	Country:
Phone #:	Phone #:



Student Name (Please Print): \_\_\_\_\_

## INSURANCE INFORMATION AND RELEASE FORM

### INSURANCE INFORMATION

Insurance Carrier:	Policy #:
Policy Holder Name:	
Type of Coverage:	

### Special Medical Information

Allergies: \_\_\_\_\_

***In the event that I cannot be reached, I authorize the following care for my son:***

1) Emergency Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

2) Emergency Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL RELEASE and CONSENT

**FORM** I am registering my son for the 2018-2019 school year and:

I hereby give permission for him to participate in all trips and activities in the 2018-2019 school year. This includes, but is not limited to, moderate outdoor sports activities, school outings and educational activities.

I hereby authorize the administration of Yeshivas Ohr Reuven to take whatever steps they deem appropriate in the event of accident, injury, or illness to my son during the time he is in school. It is understood that every attempt will be made to contact me before the school itself will take action. However, in the event that I or the Emergency Contact cannot be reached, the Administrative Staff of the Yeshiva is hereby authorized to do whatever is necessary, as the situation warrants. The Yeshiva cannot assume any responsibility.

I consent to the use of and taking of photographs, movies or recordings of the registered students listed below. I also grant the right to edit, use and reuse said products for nonprofit purposes including use in print, on the internet and all other forms of Media. I hereby release Yeshivas Ohr Reuven its employees from all claims, demands and liabilities whatsoever in connection with the above.

Student Name (Please Print): \_\_\_\_\_

**Parent Signature (OR STUDENT if student is over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_