

Completed forms should be saved and emailed to **businessoffice@ohrreuve.com**. Thank you!



BEIS MEDRASH REGISTRATION INFORMATION - YESHIVAS OHR REUVEN 5782-5783

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 3rd year Beis Medrash and higher or with specific approval.

| | Full Year | Elul Zman | Winter Zman | Spring Zman |
|--|--|--|---|--|
| BM Tuition | \$13,400 (includes \$500 toward the Annual Dinner Campaign & \$200 security fee) | \$1,875 | \$8,050 | \$3,475 |
| BM (R' Kram's Chaburah - 1st Seder Only) | \$8,500 | \$1,200 | \$5,100 | \$2,200 |
| Dorm | <input type="checkbox"/> \$3,000 | \$420 | \$1,800 | \$780 |
| Lunch* <small>*Subject to change</small> | \$1,060 | \$150 | \$636 | \$275 |
| Supper | \$1,870 | \$260 | \$1,122 | \$486 |
| FACTS Payment Schedule | Tuition and dorm payments - scheduled over 10 months on the 25 th 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 5 months on the 25 th 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 th of the month. Lunch and supper payments - scheduled as 1 payment in April. |

Select a payment option:

- ☐ I have set up a YOR FACTS agreement via the FACTS website (<https://online.factsmgmt.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.

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 understand that if the talmid does not complete the zman, meal and yeshiva fees may be prorated to the end of the month and fees will continue to be charged and processed until an email is sent to businessoffice@ohrreuve.com** (notifying the Rosh Chaburah does not suffice). Thank you.

☐ 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.

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.

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.

YESHIVA KETANA • MESIVTA • BEIS MEDRASH • KOLLEL • ALUMNI

Yeshivas Ohr Reuven | The Lupin Campus | 259 Grandview Avenue | Suffern, NY 10901 | 845.362.8362 | www.OhrReuven.com



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: |
| Student Cell #: | Fax: | |
| Student 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: _____ | | |
| <i>In the event that I cannot be reached, I authorize the following care for my son:</i> | | |
| 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 2022-2023 school year and:

I hereby give permission for him to participate in all trips and activities in the 2022-2023 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:** _____