



Vista House of Lovingkindness – Beit Chesed - Nes Gadol Program

Enrollment Form – Document 1 of 6

STUDENT'S NAME: _____ BIRTHDATE _____ AGE _____
Last First Nickname, if any

SIBLING(S) NAME(S): _____ BIRTHDATE _____ AGE _____
Last First Nickname, if any

PARENT NAME(S): _____ EMAIL _____
Last First
Last First EMAIL _____

TELEPHONE: _____
Land Line Cell Phone

HOME ADDRESS: _____

Pricing:

Jewish Education:

___ Nes Gadol Sunday & Tuesday (in-person & live interactive, virtual option) Classes-\$1200/year
Please Note: The Blessing Exchange fee is now included in Nes Gadol Enrollment

___ B'nei Mitzvah Packages & Private Tutoring-Separate Agreement

Please indicate the class(es) you'd like to enroll your child in:

___ Tuesday 3:30pm-5:00pm ___ Sundays 9:30am-11:00am

___ Private Tutoring

Payment Options:

___ Check or Money Order made payable to: Vista Del Mar

___ Credit Card (complete below OR go to our Website)

___ Payment Plan (3 payment plan option)

Mailing Address:

Vista Del Mar
Rabbi Jackie Redner – Jewish Life Programs
3200 Motor Avenue
LA, CA 90034

Credit Card Authorization

Please charge my credit card for the deposit/fee of _____
in the amount of: _____

VISA MASTERCARD AMERICAN EXPRESS

Card # _____ EXP. Date / / _____

Signature _____

Name _____

Address _____

City _____ ST _____ ZIP _____

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Statement of Consent & Waiver of Liability Document 2 of 6

Important: Please read through carefully and initial next to each item as indicated. Parent and class participant(s) must read and sign to acknowledge the rules of Vista Del Mar. If your child is unable to read the following document or sign it, please read the rules to them. Thank you.

YES, I AGREE – PAYMENT POLICY

Full payment* is due by 2 weeks prior to the first class. There will be a \$25 charge for late or returned checks.

YES, I AGREE – REFUND POLICY

Should you withdraw from classes on/before the first class you will receive a full refund. After that date there will be no refunds, except for medical emergencies documented by a doctor. There are no refunds or prorating for a child's time off, family vacations, special events, or anything else that necessitates your child missing workshops once s/he has enrolled.

YES, I AGREE – DROP OFF & PICK UP POLICY

Appropriate staff will be at the designated drop-off point only 10 minutes prior to the start of class and only 10 minutes after the end of class. A \$1.00 per minute late fee will be due upon pick up if a child is picked up after the 10 minute grace period.

YES, I AGREE – CLASSROOM PARTICIPATION

My son/daughter/ward has permission to attend Vista Del Mar classes. In order to provide the most positive experience for all children, Vista Del Mar maintains the right to dismiss a child from the program. Cooperation and respect are requirements for participation.

YES, I AGREE – PERSONAL AND PROPERTY DAMAGE

I will be responsible for any personal or property damage caused or incurred by me and/or my son/daughter/ward while at classes. Vista Del Mar is not responsible for personal belongings lost or damaged by casualty, theft, etc. I agree to accept full responsibility, financial and otherwise, for the conduct of my child. (This includes any damage to Vista Del Mar or personal video cameras). I hereby release and hold harmless Vista Del Mar and its employees/contractors from any and all liability that may arise out of my son/daughter/ward's participation in our programs.

YES, I AGREE – PHOTO & VIDEO RELEASE

I understand that all pictures, video, or any images of my child taken during programming at Vista Del Mar are the sole and exclusive property of Vista Del Mar and may be used for any promotional materials and other print and online media purposes.

YES, I AGREE – HEALTH

I certify that my child is in good health and is able to participate in program activities. I hereby release and hold harmless Vista Del Mar and its employees from any and all liability that may arise out of my son/daughter/ward's participation at Vista Del Mar. I acknowledge that I am responsible for any and all medical expenses for myself or my son/daughter/ward due to any illness or injury that may arise out of my son/daughter/ward's participation in Vista Del Mar programming.

___ YES, I AGREE – **AUTHORIZATION TO TREAT A MINOR**

I authorize the Vista staff to attend to any health problem or injury my son/daughter/ward may incur while attending classes at Vista Del Mar. I consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency department staff licensed under the provisions of the Medicine Practice Act or Dentist licensed under the provisions of the Dental Practice Act. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his/her best judgment. I understand that reasonable effort shall be made to contact the undersigned prior to rendering treatment to the patient but that none of the above treatment will be withheld if the undersigned cannot be reached.

___ YES, I AGREE – **SCOPE OF THE PROGRAM**

I understand and acknowledge that Vista Del Mar’s Jewish Life Program’s is not a clinical intervention program.

I certify that I have read this document, and I fully understand its content. I am aware that this document serves as a memorandum of understanding and waiver of liability and agree to release Vista Del Mar and all its officers, directors, employees, agents, subsidiaries, consultants, independent contractors and affiliates from any and all liability. By signing below, I acknowledge that this agreement shall be binding on me, my spouse/partner, my children, my legal representatives, my heirs, successors and assigns.

Parent/Guardian Name (print clearly) Parent/Guardian Signature Date

Participant Name (print clearly) Participant Signature Date

Vista House of Lovingkindness – Beit Chesed - Nes Gadol Program
Medical & Emergency Information- Document 3 of 6

Please write neatly

Information filled out on (date) ____/____/____ by _____
Mother/Father name

Participant #1 _____
First Last Age Date of Birth Mondays/ Wednesdays

Participant #2 _____
First Last Age Date of Birth Mondays/ Wednesdays

Participant #3 _____
First Last Age Date of Birth Mondays/ Wednesdays

Home Address _____
Number/Street City State Zip Code

Mother's Name _____ Home # _____

Mother's Pager/Cell # _____ Business _____ Fax _____

Mother's Occupation/Business _____ Email _____

Business Address _____
Number/Street City State Zip Code

Father's Name _____ Home # _____

Father's Pager/Cell # _____ Business _____ Fax _____

Father's Occupation/Business _____ Email _____

Business Address _____
Number/Street City State Zip Code

My child is allowed to be picked up by the following people:

Name/Relationship _____ Phone _____ Cell _____

Name/Relationship _____ Phone _____ Cell _____

In case you are unable to reach me during an emergency, you are authorized to contact and if necessary, release my child to any of the following named:

Name of relative/friend _____ Relationship _____

Phone _____ Cell _____

Name of relative/friend _____ Relationship _____

Phone _____ Cell _____

Name of relative/friend _____ Relationship _____

Phone _____ Cell _____

Family Physician _____ Physician's Phone _____

Address _____

Insurance Company/Policy # _____

Subscriber Name and Social Security or ID Number _____

Dentist _____ Dentist's Phone _____

Address _____

Insurance Company/Policy # _____

Subscriber Name and Social Security or ID Number _____

List any dietary, physical or other restrictions

Allergies to drugs or food _____

Specific medications and other pertinent information

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Vista House of Lovingkindness – Beit Chesed - Nes Gadol Program
PARENT OATH OF CONFIDENTIALITY Document 4 of 6

Vista Del Mar strives to protect the confidentiality of all its participants and families. As a parent of a child in in Vista Del Mar programs, certain information may be disclosed about other students in the program, about our volunteers and staff as well as information about Vista Del Mar and it's operations and various programs. Any and all information is considered confidential.

To ensure the ongoing success of Vista Del Mar and its programs, parents of children in our program are required to acknowledge, understand, and agree to the following:

1. As I parent in Vista Del Mar programs, I will respect the organization's right to be presented in a positive and favorable manner to others. As a parent, I am a responsible member of Vista Del Mar. If I have any problems or concerns, I will first approach the Rabbi Jackie Redner for support and problem resolution or Vista's Human Resources Department.
2. I confirm and agree that any and all records and communication, written and verbal, direct and indirect, received by me as a parent of a child in in Vista Del Mar programs are strictly and absolutely confidential. I will not discuss any information concerning any family members with whom I am involved with either directly or indirectly, other than with authorized (those persons who by virtue of their responsibilities have an identified need to know) Vista Del Mar personnel or designated consultants. Such discussions, as required, are to be carried out in the strictest of confidence.
3. I understand that any breach of confidentiality constitutes sufficient grounds for immediate termination of my involvement with Vista Del Mar.
4. I understand that discussions between myself and other parents, staff, volunteers and other students are considered confidential. However, the following instances do not fall under what is considered confidential and must be immediately reported:
 - When a participant appears to be a danger to him/herself
 - When a participant appears to be a danger to others
 - When a participant reports child abuse
5. I agree to abide by and uphold any verbal directives from Vista Del Mar staff and the written policies, office procedures as set by Vista Del Mar.

I hereby acknowledge, understand and agree to fully comply with the above statements contained within the Vista Del Mar Mentor Oath of Confidentiality Form.

Name (please print): _____ Date _____

Signature: _____

Please continue to Document 5 of 6

APPEARANCE AND PHOTOGRAPHIC RELEASE FORM [Document 5 of 6](#)

I hereby give permission for the person(s) named below to participate in an agency-sponsored event which includes interviews, videotape, and photographs that may be used for educational, grant writing and marketing purposes that may include website posting, print and possibly film documentation.

By nature of the videography or photography required, I understand that persons' faces and/or full frontal views may be clearly visible and recognizable.

I agree that you may use these photographs and tapes for the above-outlined purpose(s).

I waive any and all claims or demands which I may have now or in the future regarding production, distribution and use of these photographs/tapes in this project by any authorized agent of Vista Del Mar Child and Family Services. Any film and all related footage is proprietary to Vista Del Mar

NAME(S) OF PARTICIPANTS:

SIGNATURE OF PARTICIPANT(S):

SIGNATURE OF PARENT/
GUARDIAN

DATE SIGNED:

VDM WITNESS:

NAME

DATE

Please continue to Document 6 of 6

VISTA DEL MAR RULES Document 6 of 6

Please review with your child, and initial

___ YES, PARENT/GUARDIAN AGREES

___ YES, PARTICIPANT(S) AGREES

1. Treat Nes Gadol Program participants, family members and Vista staff with respect at all times, as well as children and family members that Vista Del Mar serves on our campus in our many programs and services.
2. Treat Vista Del Mar property and property content with respect and appreciation.
3. Vista Del Mar has the right to dismiss any participant who is unable to appropriately participate in our programming. However, please note that staff will work with family to give child the greatest opportunity to succeed.
4. As a general rule, students who require 1-1 support during their school days in order to be successful should attend Nes Gadol classes with 1-1 support, as well. Please note that while we have a wonderful staff and will provide as much support as possible, we are unable to provide 1-1 support and still be fully present and attentive to our remaining students. If this is a concern, please speak with Rabbi Jackie Redner.

Parent/Guardian Name (print clearly)

Parent/Guardian Signature

Date

Participant Name (print clearly)

Participant Signature

Date