



**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 NAMES(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 \_\_\_\_\_

Vista House of Lovingkindness – Beit Chesed - Nes Gadol Program

## 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please continue to Document 4 of 6**

**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**

Vista House of Lovingkindness – Beit Chesed - Nes Gadol Program  
**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:

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SIGNATURE OF PARTICIPANT(S):

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SIGNATURE OF PARENT/  
GUARDIAN

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DATE SIGNED:

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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