Dear parents,

I am enclosing an application for Merkaz Hatorah a project of Areivim.

Areivim prides itself on its ability to focus on the individual. To succeed, we will need some information and signed releases. Please look through this application and send us back the completed forms as soon as possible.

Please note that all students and their parents must be interviewed, even if they have an existing relationship with Areivim and/or any of their staff members.

We look forward to helping your child, please complete and return the enclosed forms:

- Admission and enrollment form
- Contingency Placement Form
- Consent to Release Personal and Confidential Information
- Consent for Emergency Medical Treatment for Minors
- Insights from Interested Parties
- Registration and Fees Agreement
- Credit Card Authorization Form for Incidental and Emergency Charges

Please include a copy of the applicant's insurance card.

Applications cannot be processed until all required paperwork is completed.

For questions pertaining to registration, feel free to call the Areivim office at 845-371-2760 or email info@areivim.com

Wishing you much Hatzlocha in all your endeavors.

Sincerely,

Rabbi Shmuel Gluck

Admission and Enrollment Form

Name of Enrollee: ____ Age: _________ Date of enrollment______________

Address: ____

City: _________________ State: ____ Zip: _________ E-Mail:___________________________ Cell #: _________________

Date of Birth: ____________ Birthplace (City/State or Country):_____________________________ Grade: ______

Adopted? ☐YES ☐No if adopted, when? __________________________________

With whom does the CHILD usually live? ____________________________ Phone: __________________________________

Father's/Guardian's Name: ____ Home Phone: _________________

Address: ____ Work #: _________________

City: _______________________ State: ____ Zip: _________ E-Mail:______________________ Cell #: _________________

Mother's/Guardian's Name: ____ Home Phone: _________________

Address: ____ Work #: _________________

City: _______________________ State: ____ Zip: _________ E-Mail:______________________ Cell #: _________________

Divorced ☐YES ☐No Who has legal custody? ____

Insurance Company: ____ Phone: ______________________

Address: ____ City: ______________________ State: ______ Zip: ____________

Policy, Group, or Certificate Number: ____

Name of Insured: ____ Social Security Number: ______-____-___________

Insured's Employer: ____ Employer's Phone: ___________________________

Employer's Address: _________________________________ City: ______________________ State: ______ Zip: ____________

Emergency Contact: ____ Phone: ______________________

Emergency Contact: ____ Phone: ______________________

Current and previous Schools

Present School____
Name of the School Grades attended Phone

Previous School ____
Name of the School Grades attended Phone

Previous School ____
Name of the School Grades attended Phone

Previous School ____
Name of the School Grades attended Phone

Contingency Placement Form

Although AREIVIM prides itself as a home for adolescents and young adults from our community who are struggling with their path toward their future, there are times that our boys may make unhealthy decisions. On these rare occasions, it becomes necessary to insist they leave for a few days. This is done so that Areivim can retain an atmosphere of growth and productivity, and also so that the boy who is being asked to leave recognizes that there is a limit to what kind of behaviors will be accepted and tolerated. Rather than looking for a place for boys to stay if this becomes a reality, we require a contingency residence to be established prior to any boy joining us. Please provide us with contact information for someone who is somewhat local that your son can go to in the event that he is asked to leave for a few days.

Contingency Placement Contact name: ____

Phone: _______________________ Address: _____________________________

Contingency Placement Contact name: ____

Phone: _______________________ Address: _____________________________

Consent to Release Personal and Confidential Information

By signing this form, I/we am/are giving AREIVIM permission to use/disclose pertinent confidential information related to my/our healthcare. I/We hereby release AREIVIM from all liability that may arise from the release of the information requested to the below identified person(s), professionals, institutions or agencies. I/We understand that my/our records and my child's ("participant" herein) records are protected under various confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

Participant Last Name:	First Name:	M.I.:
Date of birth:		

To whom information may be released:

•All staff at AREIVIM working with the participant

• Emergency contact (*not living with the participant*):

Name: ____ Relationship to participant: ________________________________

Phone: ____________________

• Therapists, counselors, educational consultants, and/or other helping professionals associated with the

Participant or participant's family (*Please specify*):

#1 Name: ____ Relationship to participant: _____________________________

Limitations (if any): ____Phone: _____________________

#2 Name: ____ Relationship to participant: _____________________________

Limitations (if any): ____Phone: _____________________

• Other (Please specify):

Name: ____ Relationship to participant: ________________________________

Purpose of release ____Phone: _____________________

I/We certify that this consent and release has been made freely, voluntarily and without coercion and the information given above is accurate to the best of my/our knowledge. I/We understand that I/we may revoke this authorization at any time except to the extent that action has already been taken to comply with it. If I/we am/are currently receiving treatment from AREIVIM, I/we understand that this consent will automatically expire when the Participant is discharged from AREIVIM unless I/we express written revocation at an earlier date. If I/we am/are no longer receiving treatment from AREIVIM on the date of the signature, this consent shall remain effective until the Participant is discharged from AREIVIM, unless I/we express written revocation at an earlier date. Any re-disclosure of information received by recipient is prohibited.

Participant's Name: __________________________________ Signature: ______________________________ Date: ___________

Parent or Legal Guardian ______________________________ Signature: ______________________________ Date: ___________

Consent for Emergency Medical Treatment for Minors

Participant's Name: ______________________________________ DOB: _____________ Age: _______

Social Security Number: ______-____-________ Parent(s)/Guardian Name: ________________________________

Phone: ____

We, the undersigned parent of/or, guardian of

____ do hereby consent to any x-ray, examination,
Name of Minor

Anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to

____ under the general or special instructions of
Name of Minor

________________________ ____________________________
Name of Physician Phone

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage AREIVIM and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment. This consent shall remain effective until the Participant is discharged from AREIVIM, unless sooner revoked in writing and delivered to said physician or said persons entrusted with the custody of said minor.

_____________________ _________
Legal Guardian Date

Insights from Interested Parties

This form should be given by parents/guardians to professionals (therapists, teachers, educational consultants) who may have information that would be helpful to AREIVIM.

Participants Name: ___________________________ DOB:__________________ Age:_____

Completed By: _______________________________ Phone: _______________________________________

Address: ___________________________________ City:_____________________ State:____ Zip: ______

Relationship to Participant:____

Please provide any information that may be helpful in the treatment and care of the above named participant.

Presenting Concerns (at home, school, etc.)

____

____

____

____

Developmental History (physical, educational, emotional, spiritual, etc.)

____

____

____

____

Response to Interventions (guidance, advice, counsel, etc.)

____

____

____

____

As parent/guardian of the above named participant, I give permission to the person I have asked to complete this form to share and receive information related to the treatment of my child at AREIVIM.

___________________________________ ___________________

Legal Guardian Date

Registration and Fees Agreement

Please Print

Name of Student: _______________________________ Birth date ____/____/____

Parent/Guardian: ____
Address: ____
Home Ph: ____
Work Ph: ____
Cell Ph: ____
Email: ____

The person(s) signing below register(s) his or her family member(s) named above as participants of Areivim, under the terms and conditions set forth in this agreement.

Registration Fee:
The full fee for the Program is $23,000 per student, $2,300 per month. If your son needs dorm accommodations it is an extra $700 per month. Payments are due on a monthly basis on the **1st of the month**.
All checks should be made out to **Areivim.**

Credit card (Authorization form below) or postdated checks for tuition are required prior to enrollment.
A Credit Card must be given to keep on file in case of incidentals. (Authorization form below)

Refund and incidental policy:

- Any student who leaves before the 15th of the month will be charged for half the month regardless of why he left.
- Any student who leaves after the 15th of the month will be charged for the full month regardless of why he left.
- Any student who is asked to leave and then returns within 30 days will be considered as a suspension and parents will be required to pay the full balance before the student returns.
- Parents or guardians are required to pay the full tuition while student is enrolled regardless of attendance.
- Parents or guardians will be required to pay for any damage or emergency cost caused by student.

Photo Release: Parent/Guardian grants Areivim the right to use all pictures and videos of student(s) that may be obtained during any time student(s) and/or any family members and/or guests of student(s) are involved with the Program activities.

Field Trips: Parent/Guardian understands that student will be taking field trips as part of the Program and hereby grants permission for Student to participate in all such field trips and also grants permission for student to be transported by Areivim personnel or someone who is approved by Areivim, if necessary, in order to participate in such field trips.

____
Initial

Waiver and Release: Parent/Guardian warrants, represents, and agrees that student(s) is in good physical and mental condition, and has no disability, impairment or ailment that would prevent Student(s) from engaging in all activities related to the Program. Parent/Guardian expressly agrees that participation in all of the Program activities and facilities are at parent/guardian and student's sole risk. By signing this Agreement, Parent/Guardian waives, releases, and forever discharges Areivim its agents, employees, instructors, and/or staff for any and all injuries, damages, and/or loss which may be sustained by Student(s), any member of Parent/Guardian family, and/or any guests of Student or Parent/Guardian arising out of or connected with the use of any of the services or facilities of Areivim or the premises on Areivim is located; Parent/Guardian further agrees that Areivim is not liable for any demands claims, damages, actions or causes of action whatsoever, to person or property, arising from or connected with such use.

Parent/Guardian acknowledges that he/she has read and understands the Registration and Tuition Agreement as stated above and agrees to its terms.

Please read the above Agreement thoroughly before signing.

____ ________________________

Signature of Parent/Guardian Date

____ ________________________

Signature of Parent/Guardian Date

Credit Card Authorization Form for Incidental and Emergency Charges

Please fill in the information and sign below.

Print Name ____

Phone Number: ____

Email: ____

Credit Card Type (Check One): ___MasterCard ___Visa ___Discover ___American Express

Credit Card Number: ____

Security Code: _____

Expiration Date: __ / ____

Credit Card Holder's Name (print): ____
(Exactly as it appears on the credit card)

Billing Address: ____

City: ___________________ State: ________ Zip: _________________

Card Holder Phone Number: _____-_______-___________

I authorize ___________________to initiate a charge to the credit card indicated above to pay for any Incidental and/or Emergency Charges

I understand that I may cancel my recurring charge upon written notice to_________
Allowing two business days (2) time for action on my cancellation notice.

Card Holder Signature ____Date_______________

Highly Confidential

Credit Card Authorization Form for Recurring Tuition Charges

Please fill in the information and sign below.

Print Name ____

Phone Number: ____

Email: ____

Credit Card Type (Check One): ___MasterCard ___Visa ___Discover ___American Express

Credit Card Number: ____________________________________

Security Code: _____

Expiration Date: ___ / ____

Credit Card Holder's Name (print): ____
(Exactly as it appears on the credit card)

Billing Address: ____

City: ___________________ State: ________ Zip: _________________

Card Holder Phone Number: _____-_______-___________

I authorize ___________________to initiate a recurring charge to the credit card indicated above on the ___ of the month for the total amount due each Month.

I understand that I may cancel my recurring charge upon written notice to_________
Allowing two business days (2) time for action on my cancellation notice.

Card Holder Signature ____Date_______________

Highly Confidential

Phone: 845-371-2760 Fax 845-371-2741 Email: Info@Areivim.com