

PTACH

The Dr. Oscar A. and Bernice Novick PTACH Program *of the Associated Talmud Torahs of Chicago*

Main Office

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Susan Feuer, Co-Director
Rusi Sukenik, Co-Director

PTACH Re-Enrollment Application

For the 2016-2017 school year, we are requesting all current and prospective parents complete the following form in order to reserve a spot for their child(ren) in the program. A \$100 non-refundable deposit must accompany each application in order to be complete.

Please fill out the application in full, as no child will be enrolled without a completed application including signing all of the required statements at the end of this document.

Child Name _____ **Hebrew Name** _____

Birth Date _____ **Grade (as of September 1, 2016)** _____

Parent 1 Name _____ **Email address** _____

Home address _____

Home Phone Number _____ **Cell Number** _____

Parent 2 Name _____ **Email address** _____

Home address _____
(if different from Parent 1)

Home Phone Number _____ **Cell Number** _____
(if different from Parent 1)

Maternal Grandmother Name _____ **Maternal Grandfather Name** _____

Home address _____

Email address _____

(over)

Paternal Grandmother Name _____ Paternal Grandfather Name _____

Home address _____

Email address _____

Emergency Contact (if parent unavailable)

Name: _____ Phone # _____

Insurance info: Plan: _____ Group# _____ Acct# _____

Pediatrician (name and office #): _____

Please note there are three statements to be signed below. The decision to make these mandatory was not made lightly and is consistent with the requirements of similar organizations locally and nationally. **No exceptions will be made**, as these reflect the pride that we all share for our children's continued success and *Hakarat Hatov* for PTACH and all it does for us.

1. I hereby give permission for PTACH to take photographs and/or video of my child to be used for promotional purposes. I understand that names are never displayed with such photographs.

Parent Signature: _____ Date: _____

2. I hereby agree to help PTACH with fundraising efforts whenever requested. This may include helping with phone call solicitations and letter writing campaigns. I also agree to provide PTACH with a list of friends and family that can be contacted by phone or mail. I understand that failure to comply with these requirements may result in my child not being accepted into PTACH the following year. I also understand that parental involvement in fundraising efforts can play a role in deciding any scholarship awarded.

Parent Signature: _____ Date: _____

3. I will attend the annual fundraiser this coming year. I understand that attendance is mandatory and that no one will be turned away for lack of funds.

Parent Signature: _____ Date: _____

Completed form and \$100 deposit are due at the ATT office by Wednesday, May 4, 2016.

Thank you for your help. Together, we can take PTACH to the next level!