

# PROZDOR 8TH GRADE GOES TO NEW YORK CITY

April 18 - 20, 2010 • \$390

Includes round-trip charter bus travel, hotel, all meals, and sightseeing. Join us as we visit The Statue of Liberty, Tenement Museum, Times Square, Mets Game, see a show, and much more! This is a great chance to spend time with your Prozdor friends and make new ones.

Space is limited — sign up today!

Bring completed form & check to David List, or mail it to him at Hebrew College,  
160 Herrick Road, Newton Centre, MA 02459.

Questions?

[dlist@hebrewcollege.edu](mailto:dlist@hebrewcollege.edu) or (617) 559-8805



# BROADWAY

## The Fine Print

Space on the trip is limited and available on a first-come, first-served basis. The cost for the trip is \$390 if postmarked by March 26, 2010.

The cost for the trip is \$440 if postmarked after the deadline, paid in full.

The schedule for the trip will be available starting on March 17th.

**FINANCIAL AID IS AVAILABLE**

**8<sup>th</sup> GRADE TRIP TO NEW YORK CITY**  
**STUDENT APPLICATION FORM**

*(Please PRINT all information)*

Name: \_\_\_\_\_ ( ) Male ( ) Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

All food is strictly kosher. If you have any food allergies please check here ( ) and list:

\_\_\_\_\_

Are you a vegetarian? \_\_\_\_ Yes \_\_\_\_ No

We will attempt to honor all room requests. Please list two friends with whom you'd like to room:

\_\_\_\_\_

**Adults to be contacted in case of an emergency:**

Primary parent/guardian: \_\_\_\_\_ home phone: \_\_\_\_\_

*(please circle one)*

cell phone: \_\_\_\_\_

work phone: \_\_\_\_\_ employer: \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_ home phone: \_\_\_\_\_

*(please circle one)*

cell phone: \_\_\_\_\_

work phone: \_\_\_\_\_ employer: \_\_\_\_\_

Emergency contact (other than parent): Name \_\_\_\_\_ Phone: \_\_\_\_\_

HAS THIS STUDENT EVER TRAVELLED WITHOUT A PARENT BEFORE? \_\_\_\_ Yes \_\_\_\_ No

**THIS APPLICATION HAS 2 SIDES: PLEASE COMPLETE THE REVERSE**

**Prozdor Hebrew High School  
Prozdor 8<sup>th</sup> Grade Trip to New York City, April 18-20, 2010**

**Agreements and Regulations**

We agree to permit the applicant to participate in the Prozdor 8<sup>th</sup> GRADE NYC TRIP pursuant to the conditions stated in the agreement below:

1. The cost for the trip is \$390 if postmarked by March 26, 2010. A non-refundable deposit of half payment (\$195) MUST be made by March 26, 2010. Full payments should be made by April 11, 2010. NO SPOT WILL BE HELD WITHOUT THE 50% DEPOSIT.

The cost for the trip is \$440 if postmarked after the deadline, paid in full.

We understand that we are responsible for payment of tuition and any additional costs incurred on our behalf. No refund of tuition can be made for cancellations after April 11, 2010.

Financial Aid is available for those who require it. Please indicate how much aid you require:

\$\_\_\_\_\_ (Please send payment after you have been told the amount of your financial aid award)

2. Rules presented to students on the trip are to ensure the safety and quality of the trip for all participants. Use or possession of drugs, alcohol or weapons; abuse, defacement or theft of property; breaking curfew; unauthorized absence from programs or program sites; or failure to cooperate with Prozdor staff or program/facilities staff in all facets of the scheduled program will result in disciplinary action.

3. Should severe infractions occur, Prozdor reserves the right to dismiss the student from the trip and immediately transfer the student home at the participant's family's expense, with no refund of any tuition payments.

4. Prozdor may use photographs or videotapes of the student in connection with the weekend.

5. Prozdor will not be held responsible for theft, loss or damage to students' personal property.

6. In the event that Prozdor believes that the student is in need of medical treatment or hospital consultation, treatment or admission, every effort will be made to contact a parent/guardian for authorization. Should Prozdor be unable to establish contact with a parent/guardian, such care is hereby authorized.

7. Please provide your own medical insurance information:

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_

**IF MY CHILD REQUIRES IT, HE/SHE IS ALLOWED TO BE GIVEN THE FOLLOWING OVER THE COUNTER MEDICATION (Check all that apply):**

Advil       Tylenol       Aspirin       Benadryl

Please list all allergies \_\_\_\_\_

Will child have any type of medication with them?  Yes  No (If yes, please attach detailed information.)

Will your child have an EpiPen with them?  Yes  No

Will your child have an inhaler on them?  Yes  No

8. Prozdor will make every effort to accommodate students with special needs of all types. In order to do so, it is the family's responsibility to provide such information, which will be kept in the strictest confidence, to be shared with staff on a need-to-know basis. For the safety and well being of all participants it is critical that you disclose any conditions/situations that may affect your students' experience. Please check here ( ) and attach any additional information.

We certify that we have read the above agreements and regulations, that the information provided is true, and that we will inform Prozdor of any relevant changes. We understand that \_\_\_\_\_  
(STUDENT NAME HERE)

will abide by the behavioral expectations and rules set by Prozdor as outlined above.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date