



## Enrollment Checklist

- Application
- Menahel/Prinicipal Reports
- Transcripts
- Registration Fee \$500.00
- Tuition Assistance Forms
- State of Florida Health Form
- Immunization Record
- Birth Certificate
- Insurance Card
- Emergency Contact Form
- Internet Acknowledgement
- Release Form
- Grandparents' Contact
- Parent Student Handbook Signature Page
- Step Up For Students or AAA Scholarship Award Letter, if applicable

4000 Alton Road, Miami Beach, Florida 33140-3854  
Tel. (305) 534-7050 Fax (305) 534-8444





# Mechina of South Florida

## Emergency Contact Information and Medical Authorization

### 2023-2024

PLEASE PRINT CLEARLY.

**Child's Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Insurance**

**Carrier/Number** \_\_\_\_\_

**Insurance Card on File?** \_\_\_\_\_ **Authorization needed for treatment? Yes / No**

**Primary Physician** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Dentist** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Other Doctors** \_\_\_\_\_

**Permission to Administer Tylenol/Advil? Yes / No (circle one)**

**Notes/Comments** \_\_\_\_\_

**Parental Permit**

I hereby give permission for legal, diagnostic, therapeutic and operative procedures as may be deemed urgent and necessary by a school administrator, physician or other health-care professional for my child.

Name \_\_\_\_\_

Signed \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

Phone number during the daytime: \_\_\_\_\_

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**Release Form**  
**2023-2024**  
PLEASE PRINT

Registration Date \_\_\_\_\_ Grade Entering \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**I/We understand that the Mechina may plan various field trips during the course of the year. I/We hereby give permission for my son to participate in these field trips.**

**I/We hereby acknowledge that my son(s) may be photographed or video-recorded and these images may be used by the Mechina for promotional purposes on line or otherwise.**

**I, the undersigned, have read and understand all the rules, requirements and ideas put forth in this year's Student-Parent handbook. I will adhere to these rules and contribute to the goals of the school. I understand that my enrollment at the Mechina is dependent upon adherence to these rules.**

**I/We commit to abide by all rules and regulations of the Yeshiva. I realize that I must always act and dress appropriately of a yeshiva bochur even outside the Mechina and outside Mechina school hours. This also includes not walking in the streets in short pants or without tzitzis or without socks and shoes/sneakers. This includes the required black velvet yarmulke in its proper size without clips or bobby-pins attached.**

**I/We hereby acknowledge that enrollment at the Mechina of South Florida is dependent upon the maintenance of regular attendance and maintenance of required academic and behavioral performance. The talmid is required to familiarize himself with and abide by all rules and regulations of the school.**

**I/We understand that not adhering to any of the above is grounds to be expelled from the Mechina of South Florida.**

**FATHER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**

**MOTHER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**

**STUDENT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_**

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## Internet Form 2023-2024

Name: \_\_\_\_\_

As the perils of access to the Internet become more apparent, we must increase our vigilance to protect our children and talmidim. In order to enhance our ability to do so, we are requesting that you please fill out this form and submit it together with your registration for the upcoming school year 2023-2024.

Do you have Internet access at home? \_\_\_\_\_

Is it protected by pass codes? \_\_\_\_\_

Do your children know the pass codes? \_\_\_\_\_

Are they allowed to go on the Internet? \_\_\_\_\_

Do they have their own accounts? \_\_\_\_\_

Do they have their own pass codes? \_\_\_\_\_

Do you subscribe to any monitoring service-providers? \_\_\_\_\_

Do you have any filters or blocks on your computers? \_\_\_\_\_

Does your child have a computer in his bedroom or any private area? \_\_\_\_\_

Does your child have a cellular phone? \_\_\_\_\_ Phone number \_\_\_\_\_

Does your child have a cellular phone with Internet access? \_\_\_\_\_

Does your child have any means of Internet access other than the aforementioned? \_\_\_\_\_

Does your child have a Facebook or Twitter account or the like? \_\_\_\_\_

Cell phones are not permitted at the Mechina. Cell phones may be used for travel and deposited in the Mechina office or with the dorm counselor for safe keeping. Please refer to the Student Handbook for further policies on cell phones and other electronic equipment. Facebook and other social networking accounts are a detriment to the developing ben Torah and will not be tolerated at the Mechina.

Thank you for your cooperation, and may we continue to work together successfully to be mechanech our talmidim על פי דרך התורה.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship \_\_\_\_\_

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## Grandparents Contacts 2023-2024

Name \_\_\_\_\_

**Please enable us to share your son's school year with his grandparents by completing the following:**

### Paternal Grandparents

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

### Maternal Grandparents

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

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## Parent Student Handbook Signature Page 2023-2024

Please sign and return to the Mechina office.

I, the undersigned, have read and understand all the rules, requirements and ideas put forth in this year's Student-Parent handbook. I will adhere to these rules and contribute to the goals of the school. I understand that my enrollment at the Mechina is dependent upon adherence to these rules.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent Name

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