

## Hebrew for Kids Registration 2010-2011 Part 1

Childs Name : (Please fill out separate forms for each child registering)

Child's Hebrew name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Time: \_\_\_\_\_ am /pm \_\_\_\_\_ M F  
Age: \_\_\_\_\_

Mother/Guardian's Name & Hebrew name \_\_\_\_\_ Father/Guardian's Name & Hebrew Name \_\_\_\_\_  
Please submit any conversion forms if applicable Please submit any conversion forms if applicable  
( ) ( ) ( ) ( )  
Day Time Phone Evening Phone Day Time Phone Evening Phone

Address, City, State, Zip \_\_\_\_\_ Address, City , State, Zip \_\_\_\_\_  
 Please send mail to this address  Please send Mail to this address  
 Primary Address  Secondary Address

Email 1: \_\_\_\_\_ Email 1 \_\_\_\_\_

Email 2 : \_\_\_\_\_ Email 2 \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade Entering in Fall 2010 \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
( ) ( ) ( ) ( )  
Home Phone Work Phone Home Phone Work Phone

Address, City , State, Zip \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_

### Medical Information

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Allergies: \_\_\_\_\_

Please indicate if your child has any special health considerations i.e. social, academic or medical . We work hard to professionally accommodate for children with special needs. We depend on your input to help ensure the ultimate classroom experience.

## Hebrew for Kids Registration 2010-2011 Part 2

**Childs Name** ; (Please fill out separate payment forms for each child registering)

Please check the appropriate boxes:

- Sunday 10-11:30 AM**
- Tuesday 4-5:30 PM**
- I would like pre-care on Tuesdays from 3:30pm-4:00pm. I will drop off.
- I would like my child to be picked up from VSY on Tuesdays & be a part of pre-care.
- I will notify VSY of my pick up arrangements with Hebrew for Kids for Tuesdays.

### Tuition & Discounts

**Tuition \$900 per child for 2010- 2011 School year** - Includes registration and book fees.

Scholarships, discounts or payment plans please call Devorah at 954-667-8000

No child will be turned away for lack of funds.

Please check the appropriate boxes below

- New Enrollee: Deduct \$50 per child
- Early registration before June 30th: Deduct \$50 per child
- Sibling Discount: Deduct 10% for each additional child in family
- Referral discount: Refer another family Deduct \$50 per family
- DJCC Members: Deduct 30% for each child

Total amount due: \_\_\_\_\_

### Payment Information:

- I have enclosed a check for the full tuition amount of \$ \_\_\_\_\_
- I have enclosed a check with the minimum registration payment of \$150
- Please send me a monthly invoice for the balance due.
- Please charge my card below for the full amount of \$ \_\_\_\_\_
- Please charge my card below for the minimum registration payment of \$150
- Please charge my card monthly for the remaining balance.
- Please send me membership forms

Name on card

Card number

Exp date



Hebrew for Kids  
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Fort Lauderdale FL 33301  
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