



בס"ד

DOWNTOWN HEBREW FOR KIDS

The Hebrew school your kids love!

DJCC Steen Family Childrens Educational Center | 1012 E. Broward Blvd, Fort Lauderdale, Florida



954-667-8000

info@downtownjewish.com

www.DowntownJewish.com

Director: Devorah Kaplan

REGISTRATION

Please complete a separate form for each child

PART 1

I. CHILD'S INFORMATION

Name: _____ Hebrew Name: _____ M F

Age: _____ DOB: / / _____ Time of Birth: : _____ am/pm

School child will be entering Fall: _____ Grade: _____

Mother's Name: _____ Mother's Hebrew Name: _____

Address: _____

Email: _____ Cell: _____

Please send all Hebrew School correspondence .

Father's Name: _____ Father's Hebrew Name: _____

Address: _____

Email: _____ Cell: _____

Please send all Hebrew School correspondence.

Please indicate name of parent or guardian who should receive bills: _____

If parent and/or child is a convert, please submit conversion forms.

II. EMERGENCY CONTACTS (2 OTHER THAN PARENTS)

Name: _____ Home Phone Number: _____

Relationship: _____ Cell Phone Number: _____

Name: _____ Home Phone Number: _____

Relationship: _____ Cell Phone Number: _____

III. 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: / / _____

IV. SPECIAL NEEDS

Does your child have special needs? Allergies Academic Behavior Social Physical Medical

Please Explain: _____

V. CLASS INFORMATION

PART 2

Child's Name: _____

Hebrew School: **Sunday, 10:00am–12:00pm** **OR** **Tuesday, 3:30pm–5:30pm**
-or- **Hebrew High Teen Club** Sunday: 10:00am–12 noon

Please check the appropriate boxes:

- I would like my child to be picked up from VSYS on **Tuesdays at 3:30pm**
- I would like my child to be picked up from _____ School in Downtown Fort Lauderdale
- I will notify VSYS of my pick up arrangements with Hebrew for Kids

VI. TUITION & FINANCIAL ASSISTANCE

Tuition \$900 per child for School year. Plus \$100 registration and book fees and \$180 security fee.

For scholarships, financial assistance 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:

- New Enrollee:** Deduct \$50 per child
- Early Registration:** 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 - see membership forms attached

Total amount due: _____

VII. PAYMENT INFORMATION

A minimum registration payment of \$100 must be included with registration forms.

- I have enclosed a check for the full tuition amount of \$_____
- I have enclosed a check with the minimum registration payment of \$100
- Please charge my card below for the full amount of \$_____
- Please charge my card below for the minimum registration payment of \$100
- Please charge my card monthly for the remaining balance.
- Please send me a monthly invoice for the balance due.

Payment type: Check Credit Card Total Due: \$_____

Card Holder's Name: _____ Card #: _____

Billing Address: _____ Expiration Date: ____/____/____ CV# _____

Parent's/Guardian's Signature: _____

I am interested in other programs at DJC Children's Educational Center

- Conversational Hebrew Bar Mitzvah Club Bat Mitzvah Club Teen Club Israeli Dance
- After School Art & Baking Clubs Mommy 'n Me Tutoring Therapy (OT, Speech, Physical, etc.)

Special discount packages for Hebrew school students.