



# Alef Academy Registration 2023-2024

BH

## STUDENT INFORMATION

### Child #1

First Name \_\_\_\_\_ Last name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Age: \_\_\_\_\_  
 English Birthday \_\_\_\_\_ Time Born: \_\_\_\_\_ AM/PM / Hebrew Birth Day \_\_\_\_\_  
 Grade entering in the fall \_\_\_\_\_ School your child attends: \_\_\_\_\_

### Child #2

First Name \_\_\_\_\_ Last name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Age: \_\_\_\_\_  
 English Birthday \_\_\_\_\_ Time Born: \_\_\_\_\_ AM/PM / Hebrew Birth Day \_\_\_\_\_  
 Grade entering in the fall \_\_\_\_\_ School your child attends: \_\_\_\_\_

### Child #3

First Name \_\_\_\_\_ Last name: \_\_\_\_\_ Hebrew Name \_\_\_\_\_ Age: \_\_\_\_\_  
 English Birthday \_\_\_\_\_ Time Born: \_\_\_\_\_ AM/PM / Hebrew Birth Day \_\_\_\_\_  
 Grade entering in the fall \_\_\_\_\_ School your child attends: \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

1. Is the natural mother of the child Jewish? \_\_\_\_ Yes \_\_\_\_ No
2. Were there any conversions or adoptions in the family? \_\_\_\_ Yes \_\_\_\_ No If yes please describe  
 \_\_\_\_\_
3. My child \_\_\_\_ Does not read Hebrew \_\_\_\_ recognizes letters of the Alef Bet  
 \_\_\_\_ can read Hebrew slowly \_\_\_\_ can read Hebrew fluently

By paying or signing into Alef Academy Hebrew School - Beit Mitzvah Jewish center, the child's parents or guardians agree and understand that Alef Academy Hebrew School - Beit Mitzvah Jewish Center is hereby given permission to photograph and/or video the student for use in promotional and publicity purposes.

## PARENT INFORMATION

Mothers Name \_\_\_\_\_ Mothers E-mail address: \_\_\_\_\_

**Mother's Cell Number** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

Fathers Name \_\_\_\_\_ Fathers E-mail address: \_\_\_\_\_

**Father's Cell Number** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

## MEDICAL INFORMATION

Persons to be contacted in case of an emergency when parents cannot be reached:

Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any allergies that his/her teacher should be aware of? \_\_\_\_\_

\_\_\_\_\_

I hereby consent to the administration of Alef Academy Hebrew School - Beit Mitzvah Jewish Center to take whatever medical measures they deem necessary for my child, in the event of a medical emergency.

Signature: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION AGREEMENT**

Hebrew School runs on Sundays from **10:00 AM – 12:00 PM**

Tuition for the school year	\$900
Registration & Book fee	\$50
<b>Total</b>	<b>\$950</b>

Full payment must be submitted before any child can be admitted to class. You may pay with check, cash or credit card.

Please make checks payable to: **Beit Mitzvah Jewish Center.**

Billing address: 16733 Ventura Blvd. Encino, CA 91436

Credit card information:

Visa

MasterCard

Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
 Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Looking forward to a wonderful year full of learning & growth!***

***For Office Use Only:***

- Paid in full: \_\_\_\_\_
- Head Checks: \_\_\_\_\_
- Other: \_\_\_\_\_