

Hebrew School of the Arts Application 2016-2017

Student Information

Name: _____ Last Name _____

Does your child have a Hebrew name? _____

Home address: _____ City _____ Zip _____

Home phone: _____ Home phone 2 _____

Birth date: ____/____/____ Child’s Gender: Boy Girl

School attending _____ Grade entering in Sept. 2016 _____

Does your child have any previous Jewish education? _____

Does your child read basic Hebrew? Yes No If Yes: Fluent Fair Poor

Additional comments _____

Any considerations, such as learning disorder or difficulty, the school should be aware of? (*Confidential*):

Parent Information

Mother’s Name: _____ Mobile Phone: _____

Work Phone Number: _____ Occupation: _____

Father’s Name: _____ Mobile Phone: _____

Work Phone Number: _____ Occupation: _____

Fathers Email Address: _____ Mothers Email Address: _____

Is biological mother of the child Jewish by birth? Yes No

Were there any conversions or adoptions in your family? Yes No

If yes please provide details _____

Parent Information- Cont.

If one parent is living separately please specify _____

Address _____ City _____ Zip _____

Home phone _____ Home phone 2 _____

Emergency Information

In an emergency please first contact : Mother Father

Emergency Contact (**not** living with you): _____

Relation _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Emergency Contact #2 (**not** living with you): _____

Relation _____ Home Phone: _____

Work Phone: _____ Mobile Phone: _____

Doctor: _____ Phone Number: _____

Address: _____ City _____ Zip _____

Allergies or other Medical Condition: _____

Up to date with vaccinations? Yes No Date of last Tetanus Shot: _____

How did you hear about us? _____ Referred by _____

Are you interested in educational programs for adults? Yes No

Tuition Agreement

The following is the tuition agreement for the Hebrew School of the Arts. The agreement explains the tuition fees, payments plans and refund policies. Please read it through carefully. If paying by check or cash, full payment must be submitted to the school office before any child will be permitted to attend classes.

The tuition for the Hebrew School of the Arts is \$500.00 per year per child plus a \$50 non-refundable registration & book fee. *(Scholarships are available upon request. No child will be turned away for inability to pay)*

Discounts:

1. There is a 10% discount off of the regular tuition for each **additional** child of the same family.

You may choose from the following payment methods:

PLAN A: You may pay the entire amount in full with a check, cash or credit card (**\$25 discount with this option**).

PLAN B: \$50 Registration fee. Plus you may pay the annual tuition on a monthly basis by submitting 10 checks of \$50.00 each, dated Sept through June. **All checks should be submitted with your registration form.**

PLAN C: You may use your credit card to pay the tuition on a monthly basis. Your credit card will be billed a \$50.00 registration fee as well as \$50 monthly Sept through June. To do so please include your credit card number and expiration date at the bottom of this page.

In the event of a child withdrawing from school before the end of the school year, refunds will be pro-rated up to January 1 provided that the school office is given 30 days written notice. Registration and book fees are non-refundable. Tuition refunds will not be granted to children withdrawing from school after Jan 1st. There are no refunds or credits for days missed due to illness, holidays, or family vacations.

Payment Options:

VISA MasterCard American Express Check

Check or Card No. _____ Exp: _____

As the parent(s) or legal guardian _____, I/we authorize any adult acting on behalf of ACHS to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit ACHS personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child to participate in all school activities, join in class and school trip on and beyond school properties and allow my child to be photographed while participating in ACHS activities.

Signature of parent or legal guardian

Date