



Kol HaLev's Hagiga Enrollment Form

Date Completed _____

• First Child's Name _____ Hebrew Name _____

Grade _____ Date of Birth _____ School _____

• Second Child's Name _____ Hebrew Name _____

Grade _____ Date of Birth _____ School _____

• Third Child's Name _____ Hebrew Name _____

Grade _____ Date of Birth _____ School _____

Home Address _____

Home Phone _____ E-mail _____

Parent/Guardian Name _____ Cell phone _____

Parent/Guardian Name _____ Cell phone _____

Address (if different) _____

Phone (if different) _____ E-mail (if different) _____

In case a parent/guardian cannot be reached:

Emergency Contact _____ Relationship _____

Phone _____ Cell Phone _____

Fees

Registration Fee: \$25 per child

Tuition: \$220.00 for the first child

\$200.00 for the second child

A cap of \$500.00 per family for 3 or more children

Financial concerns should not prohibit a family from participating. If you need a tuition adjustment or payment arrangements, please contact Treasurer, David Conn at treasurer@kolbalev.net or 216-450-1289. All requests will be kept confidential.

_____ Number of Children Enrolled

\$_____ Registration and Tuition Total

_____ Payment Enclosed; or _____ Payment Arrangements Made

(please complete other side)

Student Information:

Please share any pertinent information your child(ren) that you think we should be aware of (such as: food allergies, health concerns, special learning needs, behavioral or emotional concerns, favorite activities or interests). *Please be sure to answer for each child enrolled.* (If you need more space, please attach a separate piece of paper.)

What is the best way to contact you?

snail mail email text phone (preferred number) _____

What is the best way to contact your child(ren)?

snail mail text email (address) _____

Facebook home phone cell phone _____

Is/Are your child(ren) studying Hebrew or Judaics outside of Kol HaLev? yes no

- If yes: Where? _____ For how long? _____

Is/Are your child(ren) attending summer camp? yes no

- If yes: Where? _____ For how long? _____

_____ I/We release Kol HaLev and all persons acting on its behalf from any acts or omissions, exclusive of negligence, regarding the above named child/children.

_____ I/We give permission to treat the above named child/children in the event of an emergency when I/we cannot be reached.

_____ I/We give permission for my/our child/children to participate in, be transported to and from, Kol HaLev sponsored youth activities during the school year.

_____ I/We give Kol HaLev permission to photograph my/our child/children for publicity purposes and to publish the photographs.

Signature _____ Date _____

Signature _____ Date _____