



Nesiya Enrollment Form 2016-2017/5777

Please return completed form by August 31, 2016

Nesiya is a *T'filah* (prayer)/Hebrew program. *Nesiya* focuses on the *t'filah* experience, both in decoding (recognizing and sounding the aleph-bet and vowels), as well as the spiritual and intellectual elements of *t'filah*. The program is open to 3rd-8th graders.

- First Child's Name _____ Hebrew Name _____
- Second Child's Name _____ Hebrew Name _____
- Third Child's Name _____ Hebrew Name _____

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 of an emergency when parent/guardian cannot be reached:

Emergency Contact _____ Relationship _____

Phone _____ Cell Phone _____

FEES

Tuition: \$100 for the first child
 \$75 for the second child
 \$50 for the third child

Materials: \$50/child

Financial concerns should not prohibit a family from participating. If you need a tuition adjustment or payment arrangements, please contact Kelli Birch in the Kol HaLev office kelli@kolhalev.net or 216-320-1498 with your request. All requests will be kept confidential.

_____ Number of Children Enrolled

\$_____ Tuition and Materials Total

_____ Payment Enclosed; or _____ Payment Arrangements Made

(please complete other side)

Student Information:

Please share any pertinent information about each of your children enrolled 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.)

_____ 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 _____

<p align="center">Please send completed form to: Kol HaLev, 2245 Warrensville Center Road, #215, University Heights, OH 44118</p>
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