



# **Nesiya Enrollment Form 2018-2019/5779**

*Please return completed form by August 31, 2018*

**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 3<sup>rd</sup>-8<sup>th</sup> 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 if 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 Treasurer, David Conn at [treasurer@kolhalev.net](mailto:treasurer@kolhalev.net) or 216-450-1289. 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 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.)

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