



Family Education Program Enrollment Form 2015-2016/5776

Date _____

Family last name _____

First name(s) of parent(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Child(ren)

First name _____ Last name _____ Age _____

First name _____ Last name _____ Age _____

First name _____ Last name _____ Age _____

Please enroll our family in the following (check all that apply):

- Gan Haggim** (up to age 5); \$180
- My Jewish Discovery** (ages 6-8); \$200
- Jewish Impact into the World's Culture** (ages 9-11); \$200
- History of Israel** (ages 11-13); \$200
- Suggested donation to Yom Rishon School to support these vital programs is \$180 per family.**

Amount due for family enrollment \$ _____

Donation to Yom Rishon School \$ _____

TOTAL AMOUNT DUE \$ _____

- Our full payment is enclosed (check payable to Yom Rishon School)
- Our first payment in the amount of \$ _____ is enclosed; please bill us for the balance on a quarterly basis between now and September 30, 2015

Please send the form together with a check payable to "Yom Rishon School" to:

**Yom Rishon School
26790 Arastradero Rd.
Los Altos Hills, CA 94022**

For any questions please contact Natalia Tsvibel at 408. 605. 4702 or ntsvibel@yomrishon.org. No families are turned away from our programs for financial reasons.

