

## Family Education Program Enrollment Form 2018-2019/5779

Date \_\_\_\_\_

Family last name \_\_\_\_\_

First name(s) of parent(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

### **Child(ren)**

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Age \_\_\_\_\_

### **Please enroll our children in the following (check all that apply):**

- Gan Haggim** (up to age 5); \$220 per child/\$400 for siblings
- My Jewish Discovery** (ages 6-8); \$230 per child/\$430 for siblings
- Biblical Characters in World's Art** (ages 9-11); \$230 per child/\$430 for siblings
- Jewish History** (ages 12-13); \$230 per child/ \$430 for siblings
- 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 December 1, 2018

**REGISTRATION FORM AND PAYMENT DUE BACK TO YOM RISHON SCHOOL  
BY AUGUST 30<sup>th</sup>. PLEASE SEND THE FILLED FORM WITH THE PAYMENT TO:  
Natalia Tsvibel, Congregation Beth Am, 26790 Arastradero Rd., Los Altos Hills, CA 94022**

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