



## Family Education Program Enrollment Form 2019-2020/5780

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

**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, 2019

**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.*