



DOWNTOWN HEBREW FOR KIDS

The Hebrew school your kids love!

DJCC Steen Family Childrens Educational Center | 1012 E. Broward Blvd, Fort Lauderdale, Florida

954-667-8000

info@downtownjewish.com

www.DowntownJewish.com

Director: Devorah Kaplan

REGISTRATION Please complete a separate form for each child

PART 1

I. CHILD'S INFORMATION

Name: _____ Hebrew Name: _____ M F

Age: _____ DOB: / / _____ Time of Birth: : _____ am/pm

School child will be entering Fall: _____ Grade: _____

Mother's Name: _____ Mother's Hebrew Name: _____

Address: _____

Email: _____ Cell: _____

Please send all Hebrew School/ BMC correspondence .

Father's Name: _____ Father's Hebrew Name: _____

Address: _____

Email: _____ Cell: _____

Please send all Hebrew School/ BMC correspondence.

Please indicate name of parent or guardian who should receive bills: _____

If parent and/or child is a convert, please submit conversion forms.

II. EMERGENCY CONTACTS (2 OTHER THAN PARENTS)

Name: _____ Home Phone Number: _____

Relationship: _____ Cell Phone Number: _____

Name: _____ Home Phone Number: _____

Relationship: _____ Cell Phone Number: _____

III. MEDICAL INFORMATION

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature _____ Date: / / _____

IV. SPECIAL NEEDS

Does your child have special needs? Allergies Academic Behavior Social Physical Medical

Please Explain: _____

V. CLASS INFORMATION

PART 2

Child's Name: _____

Hebrew School:

- Sunday 10:00am-12:30pm (Ages 4-13)
- Tuesday 3:30pm-5:00pm (Ages 4-5 only)

Bar/Bat Mitzvah Club:

- Bar-Mitzvah Club Sunday: 10:00am-12:30pm
- Bat-Mitzvah Club: Bi-monthly

VI. TUITION & FINANCIAL ASSISTANCE

Hebrew School & Bar-Mitzvah Club:

\$100 registration fee {non-refundable}

\$900 tuition per student {all children will be accepted regardless of financial situation}

\$180 security fee per student

Bat-Mitzvah Club:

\$1000 per student {Not including end of year ceremony}

For scholarships, financial assistance or payment plans, please call Devorah at 954-667-8000.

No child will be turned away for lack of funds.

Please check the appropriate boxes:

- Early Bird Registration before June 3: Deduct \$50 per child
- New Enrollee: Deduct \$50 per child
- Sibling Discount: Deduct 10% for each additional child in family
- DJCC Members: Deduct 30% for each child - complete membership forms

Total amount due: _____

VII. PAYMENT INFORMATION

A minimum registration payment of \$100 must be included with registration forms.

- I have enclosed a check for the full tuition amount of \$_____
- I have enclosed a check with the minimum registration payment of \$100
- Please charge my card below for the full amount of \$_____
- Please charge my card below for the minimum registration payment of \$100
- Please charge my card monthly for the remaining balance.

Payment type: Check Credit Card

Card Holder's Name: _____

Card #: _____

Billing Address: _____

Expiration Date: _____ / _____ CV# _____

Parent's/Gaurdian's Signature: _____

Please read the Parent's Handbook and complete the next page.

SIGNATURE PAGE:

- I have read the parent's handbook
- I give permission for my child(ren)'s image to be used in print, video, and digital media.
- I give permission for someone other than guardian; to pick up child(ren) from school. I will notify school in advance of person.

The following people can pick up my child(ren):

- I give permission for my child(ren) to be taken off school premises for educational related activities or trips provided by Downtown Hebrew for Kids.
- I understand that this may either be by foot or in a licensed insured vehicle chosen for a trip day or excursion. Parents will be notified in advance.
- I would be happy to volunteer at Hebrew for Kids.

Child's Name: _____

Signed: _____ Date: _____