



Alef Academy Registration 2024-2025

BH

STUDENT INFORMATION

Child #1

First Name _____ Last name: _____ Hebrew Name _____ Age: _____
 English Birthday _____ Time Born: _____ AM/PM / Hebrew Birth Day _____
 Grade entering in the fall _____ School your child attends: _____

Child #2

First Name _____ Last name: _____ Hebrew Name _____ Age: _____
 English Birthday _____ Time Born: _____ AM/PM / Hebrew Birth Day _____
 Grade entering in the fall _____ School your child attends: _____

Child #3

First Name _____ Last name: _____ Hebrew Name _____ Age: _____
 English Birthday _____ Time Born: _____ AM/PM / Hebrew Birth Day _____
 Grade entering in the fall _____ School your child attends: _____

Address: _____ **City/State:** _____ **Zip:** _____

Home Phone: _____

1. Is the natural mother of the child Jewish? ____ Yes ____ No
2. Were there any conversions or adoptions in the family? ____ Yes ____ No If yes please describe

3. My child ____ Does not read Hebrew ____ recognizes letters of the Alef Bet
 ____ can read Hebrew slowly ____ can read Hebrew fluently

By paying or signing into Alef Academy Hebrew School - Beit Mitzvah Jewish center, the child's parents or guardians agree and understand that Alef Academy Hebrew School - Beit Mitzvah Jewish Center is hereby given permission to photograph and/or video the student for use in promotional and publicity purposes.

PARENT INFORMATION

Mothers Name _____ Mothers E-mail address: _____

Mother's Cell Number _____ **Work Number:** _____

Fathers Name _____ Fathers E-mail address: _____

Father's Cell Number _____ **Work Number:** _____

MEDICAL INFORMATION

Persons to be contacted in case of an emergency when parents cannot be reached:

Contact #1: _____ Phone: _____ Relationship to child: _____

Contact #2: _____ Phone: _____ Relationship to child: _____

Physician: _____ Phone: _____

Does your child have any allergies that his/her teacher should be aware of? _____

I hereby consent to the administration of Alef Academy Hebrew School - Beit Mitzvah Jewish Center to take whatever medical measures they deem necessary for my child, in the event of a medical emergency.

Signature: _____ Relationship to child: _____ Date: _____

TUITION AGREEMENT

Hebrew School runs on Sundays from **10:00 AM – 12:00 PM**

Tuition for the school year	\$950
Security Fee	\$100
Total	\$1050

Full payment must be submitted before any child can be admitted to class. You may pay with check, cash or credit card.

Please make checks payable to: **Beit Mitzvah Jewish Center.**

Billing address: 16733 Ventura Blvd. Encino, CA 91436

Credit card information:

Visa

MasterCard

Card Number: _____ Name on Card: _____
 Expiration: _____ CVV Code: _____ Zip code: _____
 Signature _____ Date: _____

Looking forward to a wonderful year full of learning & growth!

For Office Use Only:

- Paid in full: _____
- Head Checks: _____
- Other: _____