
Hebrew Youth Club

1117 E 35th Ave Anchorage AK 99508

(907) 279-1200 Fax (907) 279-7890

Registration and Medical Information – 2014/15

Parents Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email address _____

Student #1

Name: _____ Hebrew name: _____

Male__ Female__ Date of birth _____ Age__ Grade__ School _____

Student #2

Name: _____ Hebrew name: _____

Male__ Female__ Date of birth _____ Age__ Grade__ School _____

Does your child(ren) have any knowledge of the Hebrew alphabet, Jewish holidays, or Jewish history? Yes__ No__ Describe: _____

Does your child(ren) have any learning difficulties of which we should be aware?

Is there any special information regarding your child(ren) that we should know?

Hebrew Youth Club Tuition: \$490.00 per child (includes supplies/book fee)

___ 1 child = \$490.00 ___ 2 children = \$980.00

___ Enclosed is my check of \$_____ payable to LJC ___ Please charge my credit card

Card Number _____ Billing Zip Code _____

Exp. Date _____ Signature of Card Holder _____

IN THE EVENT OF A MEDICAL EMERGENCY, IF I, OR AN EMERGENCY CONTACT, CANNOT BE REACHED, I AUTHORIZE A REPRESENTATIVE OF THE SCHOOL TO ACT IN MY CHILD'S BEST INTEREST IN OBTAINING APPROPRIATE MEDICAL CARE.

SIGNATURE OF PARENT _____ DATE _____

Hebrew Youth Club

Calendar 2014 - 2015

Classes held every Sunday, 11:00 – 1:00pm

Exceptions listed below

Sunday, Sep. 7	Classes begin
Sunday, Nov. 16	Live Jewish concert (No regular class)
Sunday, Nov. 30	Thanksgiving Weekend – no class
Sunday, Dec. 21	Chanukah Performance practice at the Egan Center (No regular class)
Sun. Dec. 28 & Sun. Jan. 4	Winter break – no class
Sunday, Mar 8	Spring Break – no class
Sun. April 5 & Sun. April 12	Passover holiday – no class
Sunday, May 17	Last day of classes

**TALMUD TORAH ACADEMY ENRICHMENT PROGRAM
REGISTRATION & MEDICAL INFORMATION**

Parents Name _____
 Address _____ City _____
 State _____ Zip _____ Home Phone _____ Work Phone _____
 Email address _____

Student #1

Name: _____ Hebrew name _____
 Male _____ Female _____ Date of birth _____ Age _____ Grade _____ School _____

Student #2

Name: _____ Hebrew name _____
 Male _____ Female _____ Date of birth _____ Age _____ Grade _____ School _____

Tuition: \$400.00 annually per one hour weekly session
 Enrollment is for the full academic year

SELECT PREFERRED SCHEDULE:

Plan One -	1 day per week	1 hour	\$400	<input checked="" type="checkbox"/>	2 hours	\$800	<input checked="" type="checkbox"/>
Plan Two -	2 days per week	1 hour	\$800	<input checked="" type="checkbox"/>	2 hours	\$1,600	<input checked="" type="checkbox"/>
Plan Three -	3 days per week	1 hour	\$1,200	<input checked="" type="checkbox"/>	2 hours	\$2,400	<input checked="" type="checkbox"/>
Plan Four -	4 days per week	1 hour	\$1,600	<input checked="" type="checkbox"/>	2 hours	\$3,200	<input checked="" type="checkbox"/>

Tuition (plan #) \$ _____ X _____ Equals Total Tuition Due _____
 # of children

SELECT PAYMENT OPTION:

		Date Paid	CH / CC / CASH
<input type="checkbox"/> Payment Option #1:	Paid in full due September 1st	\$ _____	_____
<input type="checkbox"/> Payment Option #2:	1/2 of total due September 1st	\$ _____	_____
	1/2 of total due December 1st	\$ _____	_____
<input type="checkbox"/> Payment Option #3:	1/3 of total due September 1st	\$ _____	_____
	1/3 of total due December 1st	\$ _____	_____
	1/3 of total due March 1st	\$ _____	_____
<input type="checkbox"/> Payment Option #4:	7 Monthly payments via	\$ _____	9/1/2013 _____
	Credit Card Authorization	\$ _____	10/1/2013 _____
		\$ _____	11/1/2013 _____
		\$ _____	12/1/2013 _____
		\$ _____	1/1/2014 _____
		\$ _____	2/1/2014 _____
		\$ _____	3/1/2014 _____

Enclosed is my check of \$ _____ payable to LIC

Please charge my credit card one time only

Please automatically bill my credit card on the 1st of every month for Talmud Torah tuition

(September 2014 through March 2015). As a courtesy, I understand that I will receive a tuition invoice plus a completed credit card receipt for my records via email listed above by the 5th of every month.

Credit Card # _____ Billing Zip Code _____

Exp. Date _____ Signature of Card Holder _____

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SIGNATURE OF PARENT _____ DATE _____

Talmud Torah Academy Enrichment Program Calendar 2014 - 2015

Tuesday, Sep 2

Talmud Torah Begins

Wed & Thur, Sep 24th & 25th

Rosh Hashana –no class

Wed & Thur, Oct 8th & 9th

Sukkot – no class

Wed & Thur, Oct 15th & 16th

Simchat Torah – no class

Thursday, Nov. 27th

Thanksgiving – no class

Monday, Dec. 22nd -

Thursday, Jan. 2nd

Winter break – no class

Wed, Apr 1st – Tues Apr 14th

Passover Holiday

Thursday, May 21st

Last day of classes

Hebrew Youth Club & Talmud Torah Academy

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(907) 279-1200 Fax (907) 279-7890

AUTOMATIC CREDIT CARD AUTHORIZATION FORM

Name on Credit Card _____

Name of Child _____

Credit Card Number _____

Expiration Date _____

Credit Card Billing Address _____

City _____ Zip Code _____ Home Phone _____

Email address _____

Please automatically bill my credit card on the 1st of every month for Hebrew Youth Club and/or Talmud Torah tuition (September 2013 through March 2015). As a courtesy, I understand that I will receive a tuition invoice plus a completed credit card receipt for my records via email listed above by the 5th of every month.

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

Cardholder's Signature _____

Date _____
