Havurah School Registration Form 2015/2016

Please fill out one per student with all info.

| Student's name | | |
|--|-----------------------------------|-----------------------------------|
| Hebrew name (if they have | one) | |
| Grade: | Birthday | |
| Allergies: | | <u> </u> |
| Parent (1) Name | | _ |
| Address: | | |
| Phone: home | cell | |
| E-mail address: | | |
| Parent (2) Name | | - |
| Address | | _ |
| Phone: home | cell | |
| E-mail address: | | |
| Emergency Contact: Name | | |
| NameRelationship | Phone | |
| NameRelationship | | |
| Tuition for Members: \$425 Tuition Enclosed\$ | | |
| (please indicate paym Scholarship Fund Donation Total Enclosed | nent dates if full tuition is \$ | |
| | ncial reasons. Please call | Ayala at 541-292-0805 if you need |