

B'H

*Yearning for Learning Center for Jewish Studies, Inc.
Apples and Honey Hebrew School
33 Loomis Street, Montpelier, VT 05602
(802) 223-0583*

Parents Names:

Father _____ Mother _____

Mailing Address: Street _____

City: _____ Zip code _____

Students Names: (First/M/Last)

1. _____ Birthdate ___/___/___ Grade _____

Hebrew Name: _____

2. _____ Birthdate ___/___/___ Grade _____

Hebrew Name: _____

Other Children in Family _____

Hebrew Names & Ages: _____

Phone numbers:

Home: _____ Work (Father) _____ Work (Mother): _____

Email: _____ Cell Phone: _____

Person to Contact in Case of Emergency:

Name: _____

Phone number: _____ Cell Phone: _____

Tuition Payment: I plan to make the tuition payment of \$525 plus \$75 books and materials fee by 9/15/09 _____

I need to make a payment plan for tuition _____

Children's' Interests/Skills:

Parents' Interests/Skills you wish to share:

Anything about your child(ren) to make their experience the best possible (use back of page)

In the event of an accident or sudden illness, I request that the school contact me. If unable to reach me, I authorize school personnel to seek emergency medical care, including transportation to CVH or the nearest medical facility. I also understand that ambulance transportation will be at my expense.

Parent/Guardian Signature _____ Date _____