

## Student Registration Form

date \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Hebrew name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Mother: \_\_\_\_\_ Hebrew name (optional): \_\_\_\_\_

Father: \_\_\_\_\_ Hebrew name: (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Family e-mail: \_\_\_\_\_ Student e-mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mother's cell \_\_\_\_\_ Father's cell \_\_\_\_\_

Siblings: \_\_\_\_\_ age \_\_\_\_\_ \_\_\_\_\_ age \_\_\_\_\_

\_\_\_\_\_ age \_\_\_\_\_

Food or animal allergies? YES / NO      If yes, please describe:

\_\_\_\_\_

Signing up for: (check  all that apply)

- Learning Circle
- Private Mentorship
- Celebrations
- Teva Experience

Please complete Invoice/fee schedule. A \$150.00 deposit is required per each item checked above. Your deposit is due with this form, in order to confirm your child's registration for the upcoming semester.

Make check payable to **H.L.C.** Mail to **P.O. Box 212, Nyack, NY 10960.**  
**Remaining balance is due in full before the second learning session.**

Comments: \_\_\_\_\_

\_\_\_\_\_