



The logo features the words "NETAN ELI" in large, colorful, stylized letters. Each letter is a different color (purple, blue, green, pink, orange, blue, pink, green) and has a small, colorful, vine-like or root-like structure extending from its base. Below the letters, the words "HEBREW ACADEMY" are written in a bold, grey, sans-serif font.

# HEBREW ACADEMY

We are pleased to welcome you to Netan Eli Hebrew Academy. Registration is now open for the 2014-2015 school year.

Netan Eli is a premier early childhood program that lovingly introduces our children to their Jewish Heritage through stories, music, art and play. Under the guidance of our experienced teachers and staff, the children develop social skills and self confidence through an age appropriate curriculum. Our beautiful facility enhances our program and provides many new and creative opportunities in which our children grow and learn. Our newly added kindergarten program incorporates the California standards, as well as an enriched Judaic curriculum.

Due to the fact that demand for our preschool is exceeding our capacity, we strongly encourage you to send in your registration and post dated checks as soon as possible.

## Schedule

Full Day: 2, 3 & 4 year olds	9:00-3:30 P.M.
Full Day: Kindergarten (pre-1)	8:30-3:30 P.M.
Early Friday Dismissal	1:00 PM (12:30 in winter)
Extended Hours (additional fee)	Please call to see availability

	<u>Tuition:</u>	<u>Registration:</u>	<u>Snack Fee:</u>
Full Day:	\$7,500	\$275	\$175



# HEBREW ACADEMY

## Admission/Tuition Agreement- School Year 2014-2015

Parent's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name of Child/ren being registered: \_\_\_\_\_ DOB: \_\_\_\_\_ Half or Full time: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees:** Please read carefully then sign this agreement:

In order to enroll my child/ren in Netan Eli Hebrew Academy for the school year 2013-2014, I agree to the following charges:

- |                 |                          |
|-----------------|--------------------------|
| 1. Registration | \$275                    |
| 2. Snack Fee    | \$175/ Yearly {full day} |
| 3. Tuition Fee  | \$895/Month {full day}   |

**Payment:** Payment will be made with post-dated checks dated beginning September 1. (Important note: The full year's tuition must be submitted with your application. Application not submitted properly will be returned to you.)

☐ 10 Monthly ☐ 12 Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

**Enrollment:** We agree to pay our total financial obligation as outlined above. There will be no deduction in tuition, due to illness, vacation, holidays or other times when the student has not attended school. I have read the Parents Handbook and tuition agreement. I am aware that I must submit 45 days in advance, a written notice, in order to withdraw my child without penalty. I also agree to abide by the policies of Netan Eli Hebrew Academy, including tuition payments and withdrawal/termination policies.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

### For office use only:

Administrator \_\_\_\_\_

Date: \_\_\_\_\_

School Year \_\_\_\_\_



# HEBREW ACADEMY

## Student Information

Name of child \_\_\_\_\_ Birthday(English) \_\_\_\_\_ (Hebrew) \_\_\_\_\_  
Grade Entering \_\_\_\_\_ Any Known Allergies \_\_\_\_\_

## Family Information

Family Name \_\_\_\_\_ Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mother Cell \_\_\_\_\_ Father Cell \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_  
Company Name \_\_\_\_\_ Address \_\_\_\_\_  
Paternal Grandparents \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Maternal Grandparents \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_ Home/Cell \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Out of State Contact: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## Health Care Provider

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

## Parent's Consent

I hereby grant permission for my child/ren to participate in all of the activities and field trips of Netan Eli Hebrew Academy, and to leave the school premises under the supervision of a staff member in an authorized vehicle.

In the event of an emergency, I do hereby give permission and authorization to Netan Eli Hebrew Academy to any diagnostic procedure or medical care which is deemed advisable, rendered under the general or special supervision of any licensed physician or surgeon. **Parents will be notified immediately in the event of a medical emergency.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_