



We are pleased to welcome you to Emet Hebrew Academy. Registration is now open for the 2015-2016 school year.

Emet 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
Full Day: Kindergarten (pre-1)

Early Friday Dismissal

Extended Hours (additional fee)

9:00-3:30 P.M.

8:30-3:30 P.M.

1:00 PM (12:30 in winter)
Please call to see availability

Tuition:

\$950/Month

Registration:

\$275 (non-refundable)

Snack Fee:

\$18/Month





## Admission/Tuition Agreement- School Year 2015-2016

Parent's Full Name:				Phone:		
Address:			<del></del>	Email:	<del></del>	
Name of Child/ren being registered:			DOB:	Half or Full time:	Country of Birth:	
		refully then sign th y child/ren in Emet			 15-2016, I agree to the following	
charges:		,		,		
		Registration	\$	275		
	2. Snack Fee			\$18/Month		
	3.	Tuition Fee	\$	\$950/Month		
due to illness Handbook and withdraw my	, vace d tuit child	ation, holidays or ot tion agreement. I ar	ther times who n aware that i also agree to	en the student has not attel I must submit 45 days in ad	There will be no deduction in tuition, nded school. I have read the Parents vance, a written notice, in order to bet Hebrew Academy, including tuition	
Signature of Parent:			Date:			
Signature of Parent:			Date:			
For office	use	only:				
Administrator				Date:		





School Year\_\_\_\_

Student Information					
Name of child	Birthday(English)		(Hebrew)		
Grade Entering	Any Known A	Allergies	<del></del>		
Family Information					
Family NameHome Address					
			_Father Cell		
	•		one		
	OccupationWork F				
Company Name					
Paternal Grandparents	Address		Phone		
Maternal Grandparents_	Addr	ess	Phone		
Emergency Contacts					
Name	Relation to Child		Home/Cell		
Out of State Contact: No	ime	_Phone Numb	per		
Health Care Provider					
	Address		Phone		
			Phone		
Parent's Consent					
			المراجع		
		•	ll of the activities and field trips		
•		ooi premises u	nder the supervision of a staff		
member in an authorized	venicle.				
In the event of an emerge	ency T do hereby give	nermission an	d authorization to Emet Hebrew		
			deemed advisable, rendered		
, ,	•		cian or surgeon. Parents will be		
notified immediately in t	•		nun or surgeon. Furents will be		
	c.c of a meanou	<b>30</b> / .			
Signature of Parent		Dat	·e		