



APPLYING FOR GRADE \_\_\_\_\_

FOR FALL OF \_\_\_\_\_

DATE \_\_\_\_\_

NEW STUDENT       RETURNING STUDENT

**STUDENT**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date Of Birth

\_\_\_\_\_  
Hebrew Name

\_\_\_\_\_  
Address

Male       Female

\_\_\_\_\_  
City, State, Zip

(    )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Secular School

Child Lives With:  Both Parents    Mother    Father    Guardian    Other \_\_\_\_\_

Siblings/Other Household Members (e.g., Step-parents, grandparents living with child):

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Name/Relationship

Parents Are:  Married    Divorced    Separated    Widowed

**PARENT/LEGAL GUARDIAN 1**

**PARENT/LEGAL GUARDIAN 2**

Mr.    Ms.    Mrs.    Dr.

Mr.    Ms.    Mrs.    Dr.

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

(    )  
\_\_\_\_\_  
Home Phone

(    )  
\_\_\_\_\_  
Home Phone

(    )  
\_\_\_\_\_  
Cell Phone

(    )  
\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

(    )  
\_\_\_\_\_  
Business Phone

(    )  
\_\_\_\_\_  
Business Phone

**ETZ CHAIM ENROLLMENT**

# ETZ CHAIM SCHEDULE AND FEES

## YESOD • KINDERGARTEN-7<sup>th</sup> GRADE

	BY 5/22/09	AFTER 5/22/09
Kindergarten (Gan) / 1 <sup>st</sup> Grade (Alef)	<input type="checkbox"/> \$490	<input type="checkbox"/> \$590

(Once a Week) My child's class preference is  WEDNESDAYS  Sundays

2 <sup>nd</sup> Grade (Bet) / 3 <sup>rd</sup> Grade (Gimmel) / 4 <sup>th</sup> Grade (Dalet)	<input type="checkbox"/> \$725	<input type="checkbox"/> \$825
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My child's class preference is  Mondays & Wednesdays  Thursdays & Sundays

5 <sup>th</sup> Grade (Hei) / 6 <sup>th</sup> Grade (Vav) / 7 <sup>th</sup> Grade (Zayin)	<input type="checkbox"/> \$985	<input type="checkbox"/> \$1085
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My child's class preference is  Mondays & Wednesdays  Thursdays & Sundays

*Valley Beth Shalom membership in good standing is required for enrollment in the Yesod program.  
Classes Monday, Wednesday, and Thursday meet 4:00 - 6:15PM and on Sundays 9:00-11:15AM*

## OUR SPACE AT ETZ CHAIM • SPECIAL NEEDS PROGRAM

New Families: This part of the application should not be filled out until the Our Space questionnaire and interview has been completed. **Please attach "Our Space" acceptance letter.**

Moreshet - Valley Beth Shalom or Temple Aliyah Members	<input type="checkbox"/> \$525
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Moreshet - NOT MEMBERS of Valley Beth Shalom or Temple Aliyah	<input type="checkbox"/> \$635
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**(Moreshet meets Mondays & Wednesdays 4:00-6:15PM)**

Shaare Tikva - Valley Beth Shalom or Temple Aliyah Members	<input type="checkbox"/> \$525
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Shaare Tikva - NOT MEMBERS of Valley Beth Shalom or Temple Aliyah	<input type="checkbox"/> \$635
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**(Shaare Tikva meets Sundays 9:00-11:15AM)**

**Etz Chaim Voluntary Contribution** \$ \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

Form of Payment  CASH  CHECK (Please make sure all cash/checks are securely attached to enrollment form)

CREDIT   Name on credit card: \_\_\_\_\_

Please Charge My  Visa  Mastercard Card # \_\_\_\_\_ Expires: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

OFFICE USE ONLY: Accounting \_\_\_\_\_ Etz Chaim \_\_\_\_\_