



כוכבים Kochavim

Registration form 5771 (2010-11)

Family Information:

Child's Name _____ **M / F**

Hebrew Name _____

Birthdate _____ **Entering Grade** _____ **Child's School** _____

Parent _____ **Email** _____

Phone (H) _____ **(W)** _____ **(Cell)** _____

Address _____

Parent _____ **Email** _____

Phone (H) _____ **(W)** _____ **(Cell)** _____

Address _____

Synagogue Affiliation/s _____

Name, phone, & relationship of emergency contact other than parents:

Name & phone of persons other than parents allowed to pick up child from school:

Allergies _____

Name & phone of child's physician _____

Special learning/developmental/emotional needs _____

I give my permission for Kochavim staff to take pictures of my child for use in Kochavim publicity

Parent Signature _____ **Date** _____





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Enrollment Information

Child's Name: _____

Kochavim: Mondays & Wednesdays, 4:15 - 5:45 p.m.
Free supervised drop-off time: 3:30 to 4:15 p.m.
Calendar Year: September 2010 - June 2011

- Neveh Shalom member monthly fee: \$160
- Neveh Shalom non-member monthly fee: \$192
- Please send me an application for financial aid.

Registration for Kochavim requires a non-refundable fee of two months tuition, which will be applied to the first and last month of fees for the program. The remaining monthly tuition will be due on the first of each month, October-May. Please write checks to: Neveh Shalom, memo line: Kochavim.

Monthly fee x2 (members: \$320, non-members: \$384) _____

Enclosed is my check for: _____ Total _____

Parent Signature _____ Date _____



Questions? Please contact Mel Berwin, michaelvmel@gmail.com or 503.246.8831



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