

**PARDES LEVAVOT
FAMILY EDUCATION AND HEBREW LANGUAGE PROGRAM
REGISTRATION for 2004 – 2005**

Date: _____

1st Student's Name: _____

Age: _____ Birthday: _____

School: _____ Grade: _____

Previous Jewish Education: _____

2nd Student's Name: _____

Age: _____ Birthday: _____

School: _____ Grade: _____

Previous Jewish Education: _____

Parent Information:

Parent #1: _____

Address: _____

Phone : _____ Email: _____

Parent #2: _____

Address: _____

Phone : _____ Email: _____

Please enroll me in

Family Education \$350 per family \$ _____

Hebrew Language \$300 1st child; \$250 2nd child \$ _____

Total \$ _____

You may pay by check or credit card. You may make a one time payment, or monthly payments. Please make check payable to Pardes Levavot.

Send this registration form to:

**Pardes Levavot
Family Education Registration
5350 Pine Valley Court
Boulder, CO 80301**

If you have questions or for credit card payment, please contact Mari Nevar at 303-530-0123 or mari@pardeslevavot.org