



RE-ENROLLMENT 2014/2015

Applying For OurSpace LA Program _____

Date _____

STUDENT NAME _____

OurSpace Re-Enrollment Agreement

TERMS AND CONDITIONS

By signing this Enrollment Agreement I/We acknowledging and agree to the following:

In the event of a medical emergency, in accordance with the OurSpace/VBS Etz Chaim Learning Center's and Temple Aliyah emergency procedures, I/we, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby release the appropriate personnel of OurSpace and Valley Beth Shalom and Temple Aliyah to either administer first aid OR release the child to an emergency hospital or disaster center, for further treatment, as they deem necessary. Furthermore, I/we authorize appropriate personnel of Valley Beth Shalom and Temple Aliyah acting on behalf of OurSpace and VBS Etz Chaim Learning Center/Temple Aliyah, to consent to all emergency medical care for this child to be rendered by a duly licensed physician, surgeon, dentist and/or other medical professional. This care may be given under whatever conditions are necessary to preserve the health and safety of the child. I/We further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, OurSpace and VBS Etz Chaim Learning Center/Temple Aliyah personnel will try, but are not required, to communicate with me/us prior to such treatment.

I/We understand that I/we have previously given the OurSpace Program and VBS Etz Chaim Learning Center/Temple Aliyah my child's medical history, pick-up release, photo/audio/video/web site release, directory release, field trip release forms and information. If any of that information has changed or will change in the 2014/2015 school year, it is my/our RESPONSIBILITY TO NOTIFY the OurSpace director/VBS Etz Chaim Learning Center's/Temple Aliyah's Administrative office IN WRITING.

I/We have read, understood and agree to be bound by this enrollment agreement for myself/ourselves and on behalf of my/our child.

Parent/Guardian 1 (Please Print Name): _____

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 (Please Print Name): _____

Parent/Guardian 2 Signature: _____ Date: _____

Please Turn Over for Tuition and Schedule Information



TUITION AND SCHEDULES

Please make sure that monies are directed to the institution where the program you are applying for is located (Either Valley Beth Shalom or Temple Aliyah.)

STUDENT'S FIRST AND LAST NAME AND STUDENT'S GRADE LEVEL

PARENT'S FIRST AND LAST NAME

OURSPACE EDUCATION PROGRAMS

VBS/TA MEMBER NON-MEMBER

LEARNING SPACE (ALEF 2ND-4TH; BET 5TH-7TH GRADE) TA

\$700.00 \$825.00

Meets at Temple Aliyah on Tuesdays from 4:00-6:15PM

MAKOM SHELI (K-2ND GRADE) VBS

\$800.00 \$975.00

Meets at Valley Beth Shalom on Sundays 9:30-11:45AM

MORESHET (6TH & 7TH GRADE) VBS

\$700.00 \$825.00

Meets at Valley Beth Shalom on Mondays 4:00-6:15PM

OURSPACE TEEN SPACE (8TH-11TH GRADE) TA

\$800.00 \$975.00

Meets at Temple Aliyah or Valley Beth Shalom (TBD) on Tuesdays or Wednesdays (TBD) from 6:30-8:30PM

SHAARE TIKVA (AGES 3-18) VBS

\$700.00 \$825.00

Meets at Valley Beth Shalom on Sundays from 9:15-11:30AM

THE ARTISTIC SPECTRUM (AGES 19-ADULT) VBS

\$950.00 \$950.00

Meets at Valley Beth Shalom on Sundays from 9:15-11:45AM

OURSPACE SOCIAL GROUPS AND CHOIR

B'YACHAD ALEF (AGES 7-11)

Meets at Temple Aliyah on Sundays from 2:30-4:30PM
Schedule TBA

Enrolled in other OurSpace Program \$54.00
Participants only enrolled in B'Yachad Alef \$108.00

B'YACHAD BET (AGES 12+)

Meets at Valley Beth Shalom or designated venue one Sunday per month from 11:30AM-3:30PM

\$54.00

KOLOT TIKVA VOICES OF HOPE CHOIR (ALL AGES)

Meets at Temple Aliyah 2 Sundays a month from 5:00-6:00PM
Schedule TBA

\$108.00

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 Amex

Card # _____ CVV # : _____ Expires: _____
(3-digit, # printed on the signature panel on the back of the card immediately following the last 4 numbers of your credit card number.)

Billing Address: _____ Zip Code: _____ Phone: () _____

Signature: _____ Date: _____

OFFICE USE ONLY: Accounting _____ Etz Chaim _____ Aliyah _____