

KESHET ANN ARBOR

A Hebrew Language Program for High School Students
 2939 Birch Hollow Drive, Ann Arbor, MI 48108 (734) 222-0248 milka@umich.edu

Return Registration
Form by September 1!

Student Information:

Name: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Parent I Information:	Parent II Information:
Name: _____	_____
Email: _____	_____
Address: _____	_____

For Students: I am taking Keshet as a CR (Community Resource) FOR High School Credit. I will turn my CR form & syllabus in on time to my counselor.
 My counselor's name is: _____.

I am NOT taking Keshet the Hebrew class as a CR.

What level do you think you should be in?

(Students new to the program should select the best guess)

- Beginner
 Advanced Beginner
 Intermediate
 Advanced

For Parents: CR requirements do not allow students to pay for a CR class. We are able to offer this program thanks to generous donors in the community. In addition to those donations, **we suggest a donation of \$350.00 per semester per student.** Your support is crucial and helps to keep this program running

<i>Suggested Donation \$350.00</i>	
<i>My additional donation to help support Keshet</i>	
<i>Total Enclosed</i>	

If you are unable to make the suggested donation, please contact your Religious School Director or Milka Eliav, Keshet Coordinator at 734-222-0248. Checks should be made out to Jewish Federation with "Keshet" in the memo. Mail checks to address at the top of this form.

Emergency Information	Student Name: _____						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center; border: none;">Last</td> <td style="width: 33%; text-align: center; border: none;">First</td> <td style="width: 33%; text-align: center; border: none;">Grade</td> </tr> </table>	Last	First	Grade			
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	Parent Name: _____						
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">CELL # _____</td> <td style="width: 50%; border: none;">CELL # _____</td> </tr> <tr> <td style="border: none;">Work # _____</td> <td style="border: none;">Work # _____</td> </tr> <tr> <td style="border: none;">Home # _____</td> <td style="border: none;">Home # _____</td> </tr> </table>	CELL # _____	CELL # _____	Work # _____	Work # _____	Home # _____	Home # _____
	CELL # _____	CELL # _____					
	Work # _____	Work # _____					
	Home # _____	Home # _____					
	Emergency contact if parents cannot be reached: Name: _____ Phone #: _____						
	Student's Physician: _____ Phone #: _____						
Allergies/Medication/Special Information _____							
<p><i>In the event of an emergency when the student's parents, physician, or contact person cannot be reached, I authorize Keshet Administration to take my student to the nearest hospital emergency room for treatment. If possible, please bring my student to: _____ hospital for care.</i></p>							
Parent's Signature: _____ Date: _____							