



All Inclusive Program Fee- \$375

Payment Type: Check # _____ (Please make checks payable to Orloff CAJE)

Credit Card ___ Visa ___ MC

CC # _____ Exp. _____ 3 Digit Sec.# _____

Print Name on CC: _____ Signature: _____

Regrettably there is no financial assistance available for this program, but please call if you wish to set up payment arrangements.

Student's Last Name: _____ First Name: _____ ___ M ___ F

Address: _____ City: _____ Zip: _____

Home Phone: _____ Student Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Father Cell: _____ Mother Cell: _____

Parent(s) E-mail: _____ Student E-mail: _____

Medical Conditions: _____

Does your child have any known allergies? _____

Please include any important information about your child _____

I hereby grant permission to Orloff CAJE and its agents to call a physician for necessary medical care or hospitalization for my child/children in case of an emergency, after attempting to notify me first. I further permit my child to attend all functions arranged by ORLOFF CAJE and do hereby release ORLOFF CAJE, its officers, agents, and employees from any and all liability arising from my child's/children's participation in such activities.

PAYMENT POLICY:

Payment is due at the time of registration- unless prior arrangements are made with the Director.

Refund Requests for 75% of the program fee must be made in writing prior to September 27, 2011.

No refunds will be provided after September 27, 2011.

Overall, I submit registration for my child for the AKIVA Leadership Program for the 2011-2012 School Year. I accept the rules and regulations and understand that disregard of the rules and regulations of the program may be deemed sufficient cause for dismissal.

I acknowledge Orloff CAJE has permission to use my child's likeness in photographs and/or video for marketing and promotional purposes. I acknowledge that I have read this application and agree to all terms contained herein.

Parent's Signature: _____ Date: _____

If you have any questions or concerns, please contact:
 Jennifer Kosoy, Director of Judaica High School, (954) 660-2078/ jkosoyjhs@gmail.com
Mail form to: Orloff Central Agency for Jewish Education: Judaica High School
 5890 South Pine Island Road, Davie, Florida 33328
 Or fax to: (954) 660-2071
 Or email to: jkosoyjhs@gmail.com