

Mishpacha Program - Registration Form 2015-2016

Parent(s) Name: _____ Phone: _____

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Beth Tzedec Member: Yes ____ No ____

Who will accompany the child:

Name: _____ Phone: _____

Relationship: _____ email: _____

Registration Fees:

Choose one or more days for each. It is strongly recommended if you wish to attend the full year to book it as early as possible.
We cannot guarantee availability.

TUESDAYS: 9:30 to 11:00 a.m.

_____ **Full Year:** September 8 to June 7 (32 Sessions) - \$430 (*members*), \$580 (*non-members*)
no classes Sept 15, 29, Oct 6, Dec 15, 22, 29, Jan 5, Apr. 26

_____ **First Term:** September 8 to December 8, 2015 (11 Sessions) \$150 (*members*), \$200 (*non-members*)
no classes Sept. 15, 29, Oct. 6.

_____ **Second Term:** January 12 to June 7, 2016 (21 Sessions) \$285 (*members*), \$385 (*non-members*)
no classes April 26.

WEDNESDAYS: 9:30 to 11:00 a.m.

_____ **Full Year:** September 9 to June 8 (34 classes) \$460 (*members*), \$620 (*non-members*)
no classes Sept 23, Dec 16, 23, 30, Jan 6, Apr. 27.

_____ **First Term:** September 9 to December 9, 2015 (13 Sessions) \$180 (*members*), \$240 (*non-members*)
no classes Sept 23.

_____ **Second Term:** January 13 to June 8, 2016 (21 Sessions) \$285 (*members*), \$385 (*non-members*)
no classes Jan 6, April 27.

FRIDAYS: 9:30 – 11:00 a.m.

_____ **Full Year:** September 11 to June 10 (33 classes) \$445 (*members*), \$600 (*non-members*)
no classes Dec 18, 25, Jan 1, 8, Mar. 25, Apr. 22, 29.

_____ **First Term:** September 11 to December 11, 2015 (14 Sessions) \$190 (*members*), \$255 (*non-members*)
no classes Sept 23.

_____ **Second Term:** January 15 to June 10, 2016 (19 Sessions) \$260 (*members*), \$350 (*non-members*)
no classes March 25, April 22, 29.

Drop-ins are welcome **if space permits: \$15 per class (*members*) / \$20 per class (*non-members*) Please call first.**

PAYMENT DETAILS:

VISA ____ M/C ____ Credit Card Number: _____ Expiry _____

Signature: _____ Date: _____

CHARGE TO CREDIT CARD \$ _____ SENT TO ACCOUNTING: _____

CANCELLATION POLICY: If we have processed your payment we will be happy to reimburse you at a pro-rated fee less \$50.