



for all the days of your life

**Anshe Emet Conversational Hebrew  
2008-2009/ 5768-5769 Registration Form  
(Beginning Sunday, September 14, 2008 1:30 a.m.-2:30 p.m.)**

**Student Information** (Please Print Clearly)

English Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Student lives with:  Mother  Father  Both  Other (specify): \_\_\_\_\_

**Tuition**

Program	Tuition (check all that apply)
Conversational Hebrew	\$ 100 <input type="checkbox"/>

**Payment by Credit Card**

Cardholder name:	
Billing address:	
Phone:	
Amount to be charged:	
Signature of cardholder:	
Visa/MasterCard #:	
Expiration Date:	

Please make checks payable to "Anshe Emet Synagogue" and return payment **no later than**

**September 2nd** with this form to:

Anshe Emet Synagogue Conversational Hebrew  
3751 North Broadway, Chicago, IL 60613

Attn: Leah Conley

For more information, please call 773-868-5131.