



P.O. Box 8064 · Aspen Colorado, 81612 · (970) 925-2389 tel
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APPLICATION FOR HEBREW SCHOOL

Student's Name _____

Secular School _____

Grade _____ DOB _____

Mother's Name _____

Father's Name _____

Mailing Address _____

Alternative Mailing _____

Phone _____ Cell Phone _____

In case of emergency, do you give your permission to the teacher or assistant to call your doctor or to take your child to the hospital to receive appropriate emergency treatment?

Yes _____

Doctor Name _____

Doctor's phone number _____

Dentist Name _____

Dentist phone number _____

Health problems:

Allergies _____

Hearing _____

Visual _____

Nose bleeds _____

Chronic Illness _____

Special needs _____

HEBREW SCHOOL FEE*

Mommy & Me: \$360 K-3: \$680 4-6: \$680 B'nai Mitzvah: \$2,500

Donation: _____

*Scholarships available