Dear Parents,

Thank you for partnering with Yeshiva Ner Aryeh in your son's Chinuch and education. Enclosed you will find our registration packet for the 2021-2022 school year. Please read everything carefully.

We will be using FACTS Management for both tuition & scholarship. FACTS Management is a wonderful web based program that is used to manage tuition payments and for financial needs assessment. You can register online. Please refer to the FACTS Tuition Enrollment Process document and follow the instructions to sign in or to set up your account. Please keep your ID and password for your records in order to track your account.

All forms and the Registration Fee must be submitted to complete enrollment. Please note: The Registration Fee is non-refundable. **The Registration Fee cannot be included in tuition.**

In order for your son/s to be fully enrolled, we must receive the following:

- Emergency Form
- Registration Form
- Registration Fee of $1,000.00.
- Early Registration Fee - $500.00 if paid BEFORE May 15, 2021
- Late Registration Fee - $1250 for payments received after June 15, 2021
- Signed & Dated Tuition Agreement

REMINDER: If you will be applying for scholarship you MUST:

- ❖ Apply through FACTS
- ❖ Submit all paperwork (listed above)
- ❖ Pay the required registration fee

***** PLEASE NOTE SCHOLARSHIP DEADLINE: Wednesday, May 20, 2021 *****

We welcome you to another year as part of the Ner Aryeh family and we look forward to a wonderful and productive school year. As always, please feel free to call the Yeshiva with any questions at 818-509-5909.

Thank you,
Yeshiva Ner Aryeh

Yeshiva Ner Aryeh

12422 Chandler Boulevard • Valley Village, CA 91607
Phone: 818-509-5909 • neraryeh@gmail.com

REGISTRATION FORM 2021-2022

Student Information

Last Name: _____ First Name: _____
(Please print clearly) (Please print clearly)

Hebrew Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Student Cell: _____

Student Email Address: _____

Date of Birth: _____/_____/_____
Month Day Year

Entering grade: _____

Parents/Guardian Information

Father's Last Name: _____ First Name: _____ Title_____
(Please print clearly) (Please print clearly)

Hebrew Name: _____

Father's Occupation: _____ Work: _____

Email Address: _____ Cell: _____

If different last name and/or address please provide:

_____

Mother's Last Name: _____ First Name: _____ Title_____
(Please print clearly) (Please print clearly)

Mother's Occupation: _____Work: _____

Email Address: _____ Cell: _____

If different last name and/or address please provide:

_____

Family Information

Were there any conversions in the family? _____

If yes, please attach a copy of the conversion certificate.

If the student's parents are divorced, who has legal custody? _____

_____

Family Rav & Phone number: _____

Family Synagogue: _____

Sibling Name	Age	School Presently Attending
1		
2		
3		
4		
5		

Previous Education (List all schools previously attended)

Name of School	City	Grade(s) Attended
1		
2		
3		
4		

I hereby accept admission to Yeshiva Ner Aryeh on behalf of my son. I understand that attendance at Yeshiva Ner Aryeh is dependent upon the maintenance of regular attendance and satisfactory work. Students are required to be familiar with and abide by all the rules and regulations of the Yeshiva. Yeshiva Ner Aryeh reserves the right to require the withdrawal of any student at any time for disciplinary, academic or any other reasons it deems sufficient.

_____ _____

Signature of Parent/Guardian Date

Ner Aryeh
ישיבה נר אריה

Yeshiva Ner Aryeh
12422 Chandler Boulevard • Valley Village, CA 91607
Phone: 818-509-5909 • neraryeh@gmail.com

EMERGENCY FORM 2021-2022

Student Information

Last Name: _____ First Name: _____
(Please print clearly) (Please print clearly)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Student's Cell: _____

Student's Date of Birth: _____/_____/_____
Month Day Year

SS#: _____

Parents/Guardian Information

Fathers Name: _____ Cell: _____

Mothers Name: _____ Cell: _____

Fathers Email Address: _____

Mothers Email Address: _____

Closest relative or friend that can be contacted in case of emergency:

Relationship to the student: _____

Last Name: _____ First Name: _____ Title: _____
(Please print clearly) (Please print clearly)

Address: _____

Home: _____ Cell: _____

Work: _____

Physician Information

Last Name: _____ First Name: _____
(Please print clearly) (Please print clearly)

Doctor's Phone: _____

Does your child have a pre-existing physical or emotional condition? If yes, please explain.

_____

_____

Does your child have any allergies to foods, medications, plants, insects, etc.? If yes, please list the allergen, typical reaction and if your child carries an epi pen.

_____

_____

Does your child take any prescribed medication? If yes, please list the name and dose below:

_____

_____

I, the undersigned, do herby authorize officials of Yeshiva Ner Aryeh to contact the persons named above, and authorize the named physician to render treatment as may be deemed necessary in an emergency for my son's health. In the event the physician or other authorized person cannot be contacted, Yeshiva Ner Aryeh is hereby authorized to take whatever action may be deemed necessary in their judgment for my son's health. I will not hold Yeshiva Ner Aryeh financially responsible for emergency care and/or transportation.

_____ _____
Signature of Parent/Guardian Date

Ner Aryeh
ישיבה נר אריה

The FACTS Tuition Enrollment Process 2021-2022

ALL PARENTS MUST SIGN UP WITH FACTS TO PAY TUITION.

THIS YEAR THERE ARE NO EXCEPTIONS.

Our scholarship money from the Jewish Federation depends on EVERY family signing up through FACTS.

How to enroll:

Type this website address in the address bar of your Internet browser:

https://online.factsmgt.com/signin/4GVVF

and follow the prompts.

You will need to:

1. Enter financial information if applying for scholarship.
2. Set up a payment plan to pay tuition.

IF YOU HAVE ANY QUESTIONS:

PLEASE CALL 1-866-441-4637 AND A FACTS REPRESENTATIVE WILL BE HAPPY TO ASSIST YOU WITH BOTH STEPS LISTED ABOVE.

YESHIVA NER ARYEH

12422 Chandler Boulevard • Valley Village, CA 91607
Phone: 818-509-5909 • neraryeh@gmail.com

TUITION AGREEMENT 2021-2022

This tuition agreement is entered into by Yeshiva Ner Aryeh and,

_____ _____ parent(s) or guardian(s) of
LAST NAME (Please print clearly) FIRST NAME (Please print clearly)

_____ _____
STUDENT'S LAST NAME (Please print clearly) STUDENT'S FIRST NAME (Please print clearly)

I/We agree to pay the following fees for the 2021-2022 school year:

- **Membership Fee - $3,600.00**
- **Registration Fee - $1,000.00**
- **Early Registration - $500.00 for payments received BEFORE May 15, 2021**
- **Late Registration Fee - $1,250 for payments received AFTER June 15, 2021**
- **Tuition for the 2021-2022 school year - $15,000.00**
- **Building Fund - The Yeshiva requests $5,000.00 donation per family for the Building Fund.**

If a check is returned for non-sufficient funds, I/we agree to pay $25.00 and any fees incurred in return fees as well as replace the check with cash or cashier's check within three business days.

I/We understand that we will be responsible to purchase our son's books for the coming school year.

I/We agree that if we are not current with our monthly tuition obligations, our son may be considered "not currently enrolled" in the Yeshiva.

I/We understand that all tuition/registration fees/membership fees are non-refundable.

I/We have read this agreement and agree to be bound by all of the terms, conditions and provisions set forth herein.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

☐ **Yes, I would like to apply for scholarship.**

Please sign in or create an account with FACTS at this link:
https://online.factsmgt.com/signin/4GVVF

Student ID Number _____ (Required)

CALIFORNIA SCHOOL IMMUNIZATION RECORD

0 First Grade Certificate ☐
5
3

This record is part of the student's permanent record (cumulative folder) as defined in Section 49068 of the Education Code and shall transfer with that record. Local health departments shall have access to this record in schools, child care facilities, and family day care homes.

This record must be completed by school and child care personnel from an immunization record provided by parent or guardian. See reverse side for instructions.

Student Name _____ Sex: M ☐ F ☐ Birthdate_____ Place of Birth _____

Name of Parent or Guardian _____ Address _____

Telephone _____ City _____ ZIP _____
Daytime Nighttime

Race/Ethnicity:
☐ White, not Hispanic
☐ Hispanic
☐ Black
☐ Other _____

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV or IVP)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/DT/Td (Diphtheria, tetanus and [acellular] pertussis OR tetanus and diphtheria only)	/ /	/ /	/ /	/ /	/ /
MMR (Measles, mumps, and rubella)	/ /	/ /			
HIB MENINGITIS (Required for preschool) (Haemophilus B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (Chickenpox)	/ /	/ /			

TB SKIN TESTS	Type*	Date given	Date read	mm indur	Impression
	☐ PPD-Mantoux ☐ Other	/ /	/ /		☐ Pos ☐ Neg
	☐ PPD-Mantoux ☐ Other	/ /	/ /		☐ Pos ☐ Neg

*If required for school entry, must be Mantoux unless exception granted by local health department

CHEST X-RAY (Necessary if skin test positive.)	Film date: _____/_____/_____ Impression ☐ normal ☐ abnormal Person is free of communicable tuberculosis: ☐ yes ☐ no

I. DOCUMENTATION

I certify that I reviewed a record of this child's immunization and transcribed it accurately: Date: _____/_____/_____
Staff Signature _____
Record presented was:
☐ Yellow California Imm. Record
☐ Out-of-state school record
☐ Other immunization record
Specify: _____

II. STATUS OF REQUIREMENTS
☐ A. All requirements are met.
Date: _____/_____/_____
☐ B. Currently up-to-date, but more doses are due later. Needs follow-up.

Exemption was granted for:
☐ C. Medical Reasons–Permanent
☐ D. Medical Reasons–Temporary
☐ E. Personal Beliefs

E-91 CODE
0 - Incomplete
1 - Complete
3 - Personal
4 - Medical

Check on your Immunization Following Roster. Submit corrected E-91 when status changes.

STATE OF CALIFORNIA–DEPARTMENT OF HEALTH SERVICES
IMMUNIZATION BRANCH

SU-47 (REV. 06/12)

PM 286 (6/95)
95 27870

INSTRUCTIONS FOR SCHOOL OR CHILD CARE STAFF

1. Complete child's name and address information section, or ask parent or guardian to complete this section only. (This form is not to be sent home or given to parents to complete.)
2. School or child care personnel then fill in date (month/day/year) of each immunization the student has received from the Immunization Record presented by the parent or guardian. (If the date consists only of month and year for some doses, fill in month/xx/year; however, if either measles, rubella or mumps (or MMR) was received in the month of the first birthday, month/day/year is required).
3. Determine if immunization requirements have been met, using the California "Guide to Immunizations Required for School Entry," or "Guide to Immunizations Required for Child Care," (available from Immunization Coordinators in local health departments), or other requirements guide.
4. Complete the documentation and Status of Requirements box.
   - A. Fill in date and your signature as the staff member who reviewed and transcribed the immunization record presented by the parent or guardian. Check which type of record was presented.
   - B. If the child has met all immunization requirements, check box A and write in date.
   - C. If the child has not met all requirements, check box B. Child can be admitted only if up-to-date, e.g., no immunizations due currently. The child must be followed up as indicated in the "Guide to Immunization Requirements."
   - D. If a child is to be exempted for medical reasons, a doctor's written statement is required; the statement must include which immunization(s) is to be exempted and the specific nature and probable duration of the medical condition. If the medical exemption is permanent, the requirement for the designated immunization(s) is met: check box A and box C*. If the medical exemption is temporary, check box B and box D; this child must be followed up.*
   - E. If a child is to be exempted for reasons of personal beliefs, the parent or guardian must sign and date the affidavit below. No other parents should sign this affidavit. All requirements are met; check box A and box E.*

PERSONAL BELIEFS AFFIDAVIT TO BE SIGNED BY PARENT OR GUARDIAN—IMMUNIZATION

I hereby request exemption of the child, named on the front, from the immunization requirements for school/child care entry because all or some immunizations are contrary to my beliefs. I understand that in case of an outbreak of any one of these diseases, the child may be temporarily excluded from attending for his/her protection.

CREENCIAS PERSONALES: ESTA DECLARACIÓN JURADA DEBE SER FIRMADA POR EL PADRE O LA MADRE O EL GUARDIÁN

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para vacunas de la entrada a la escuela/guardería ya que algunas o todas de las vacunas son opuestas a mis creencias. Comprendo que en caso de un brote en la communidad de alguna de estas enfermedades, mi hijo puede ser excluido temporalmente de la escuela/guardería por su propia protección.

Signature (Firma) _____ Date (Fecha) _____

Applicable only in those jurisdictions where the Turberculosis Assessment is required for school entry.

Personal Beliefs Affidavit to be Signed by Parent or Guardian—Tuberculosis

I hereby request exemption of the child, named on the front, from the tuberculosis assessment requirement for school/child care center entry this procedure(s) is contrary to my beliefs. I understand that should there be cause to believe that my child is infected with active tuberculosis or should there be a tuberculosis outbreak, my child may be temporarily excluded from school.

Creencias Personales: Esta Declaración Jurada Debe ser Firmada por el Padre o la Madre o el Guardián

Solicito por la presente la dispensa de mi hijo, nombrado en el reverso, de los requisitos para la evaluación de la tuberculosis (tisis) de la entrada a la escuela ya que esta evaluación es opuesta a mis creencias. Comprendo que si hay razón para sospechar que mi hijo sufra de la tuberculosis activa o si hay un brote de la tuberculosis, mi hijo puede ser exluido de la escuela.

Signature (Firma) _____ Date (Fecha) _____

*Names of all children who are exempt should be maintained on an exempt roster for immediate identification in case of disease outbreak in the community.