

BNOS BAIS YAAKOV REGISTRATION

GENERAL INFO

Family Name:	Family Hebrew Name:	Home Phone Number :
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent Marital Status:	Home Address:	Zip:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="text"/>	<input type="text"/>
Email:	Family Rabbi:	Family Shul:
<input type="text"/>	<input type="text"/>	<input type="text"/>

FATHER'S INFO

Title:	First (Middle) Name:	Cell Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Occupation:	Employer:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Name:	Work Address:	Work Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone:	Work Ext:	
<input type="text"/>	<input type="text"/>	

MOTHER'S INFO

Title:	First (Middle) Name:	Cell Phone Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Occupation:	Employer:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Name:	Work Address:	Work Zip:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone:	Work Ext:	
<input type="text"/>	<input type="text"/>	

PATERNAL GRANDPARENTS

Grandfather's Title:	Grandfather's full Name:	Grandmother's Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandmother's Full Name:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Zip:	
<input type="text"/>	<input type="text"/>	

MATERNAL GRANDPARENTS

Grandfather's Title:	Grandfather's full Name:	Grandmother's Title:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandmother's Full Name:	Phone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	Zip:	
<input type="text"/>	<input type="text"/>	

EMERGENCY CONTACT

Full Name:	Home Phone Number:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Student:		
<input type="text"/>		

SECOND EMERGENCY CONTACT

Full Name:	Home Phone Number:	Cell Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to Student:		
<input type="text"/>		

STUDENT**GENERAL INFO**

First name:	Hebrew Name:	DOB:
<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN:	Current School:	Current Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Conditions:		
<input type="text"/>		
Allergies:		
<input type="text"/>		
Medications:		
<input type="text"/>		
Physician:	Physician Phone:	
<input type="text"/>	<input type="text"/>	

PAYMENT INFO.

We will only use the below payment methods once your tuition amount is confirmed with the school

PRIMARY PAYMENT METHOD

Card Number

Exp. Date

CVV

OR

Routing Number

Account Number

SECONDARY PAYMENT METHOD

Card Number

Exp. Date

CVV

OR

Routing Number

Account Number

Registration Fee of \$250 will be billed to the Primary Payment Method. if you would like to be billed on the secondary please check of here: ☐

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify edminify™ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that edminify™ may at its discretion attempt to process the charge again within 3 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. Please note there is a \$0.99 fee for each ACH transaction.

Parent/Guardian Signature

Date

ADMINISTRATION OF MEDICATION CONSENT

☐ I authorize BBY to give Tylenol, Advil or Motrin to my daughter.

FINANCIAL AID PROGRAM

Tuition : \$6,750

Bnos Bais Yaakov is pleased to offer a Financial Aid Program. Check below if you would like information about the program.

I agree

☐ I wish to apply for financial aid