

GRATZ COLLEGE

ADULT JEWISH LEARNING

REGISTRATION FORM – SPRING 2017

Student ID# _____ (office use only)

I am registering for the: Scholars Program Hebrew Program Yiddish Program

Please print. Thank you.

Date: _____ Year: **Spring 2017** Email: _____

Name: _____ *Birthdate: _____
First Last

Address: _____ City: _____

State _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Synagogue (if applicable): _____ Ethnicity: (*required by Federal Dept. of Education.)

Please check one: Hispanic or Latino American Indian or Alaska Native Asian Black or African American
 White Native Hawaiian or Other Pacific Islander Unknown

Have you ever taken an Adult Education course at Gratz College? Yes No

If yes, which program? Melton Scholars Hebrew Yiddish Other: _____

Are you currently teaching in supplementary religious school? _____ If so, where? _____

Course Selections - Pre-Registration and Payment are required for all courses.

Course # <small>(office use only)</small>	Course Title	Teacher	Day	Time	Location	Tuition/ Fee

Total tuition for all classes \$ _____ (All classes held subject to minimum enrollment)

For all classes full payment is due upon registration. If cancellation is received before the course begins, tuition will be refunded

For more information on:

Scholars Program contact Lori Cohen, Director of Adult Jewish Learning, 215-635-7300 x182 or lcohen@gratz.edu

Hebrew Courses contact Gili Bitan 215-635-7300 x136 or gbitan@gratz.edu

Yiddish Courses contact Rita Ratson, 215-635-7300 x177 or rratson@gratz.edu

Gratz College
7605 Old York Road
Melrose Park, PA 19027
215-635-7300

Adath Israel
250 N. Highland Avenue
Merion Station, PA 19066
610-934-1919

Lower Merion Synagogue
123 Old Lancaster Road
Bala Cynwyd, PA 19004
610-664-5626

Tiferit Beth Israel
1920 West Skippack Pike
Blue Bell, PA 19422
610-275-8797

To register by phone contact Hope Matles, 215-635-7300 x172 or Fax to: 215-635-7399

Mail form to: Gratz College/AJL, 7605 Old York Road, Melrose Park, PA 19027

Student ID# _____ (office use only) Total tuition \$ _____

Please register me for: Scholars Program Hebrew Yiddish

Payment Method: (Check payable to Gratz College) Check # _____ Visa Master Card Discover

Card# _____ Expiration Date: _____ Security Code # _____

Name on Card: _____ Signature: _____ Today's Date: _____