

# GRATZ COLLEGE ADULT JEWISH LEARNING REGISTRATION FORM

Student ID# \_\_\_\_\_ (office use only)

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

Please print. Thank you.

Date: \_\_\_\_\_ Year: \_\_\_\_\_ 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](mailto:lcohen@gratz.edu)

Hebrew Courses contact Gili Bitan 215-635-7300 x136 or [gbitan@gratz.edu](mailto:gbitan@gratz.edu)

Yiddish Courses contact Rita Ratson, 215-635-7300 x177 or [rratson@gratz.edu](mailto: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: \_\_\_\_\_