

YESHIVAS CHOFETZ CHAIM/TALMUDICAL ACADEMY OF BALTIMORE BREAKFAST PROGRAM 2018-2019 ENROLLMENT FORM

Student's Name	Grade
Student's Name	Grade
Student's Name	Grade
Number of Students x \$305 =	
Payment options:	
 Single check for \$305.00 dated 9/1/2018 Two checks for \$152.50 dated 9/1/2018 and 1/1/2019 	

PLEASE MAKE CHECKS PAYABLE TO TALMUDICAL ACADEMY AND INDICATE BREAKFAST IN THE MEMO

Parent's Signature ______
Address _____

Phone Number _____

Email Address_____

PLEASE PRINT LEGIBLY SO THAT YOUR ENROLLMENT FORM CAN BE PROCESSED.