



YESHIVAT KEREM B'YAVNEH
MIZRACHI AND HAPOEL HAMIZRACHI ORGANIZATION WORLD EXECUTIVE
HOCHSTEIN FAMILY CAMPUS

REGISTRATION FORM

This signed confirmation must be emailed to the Yeshiva by **7 Iyar/May 15, 2024**.

Name: _____

(Please print)

will attend Yeshivat Kerem B'Yavneh for the academic year commencing Rosh Chodesh Elul 5784 (2024-2025). Student's place will only be guaranteed after **a non-refundable deposit of US\$4,500 is paid**. The deposit will be deducted from the tuition balance.

The **tuition fee of US\$28,000** includes all shiurim, activities, and room & board.

Balance must be fully paid by February 15, 2025.

PAYMENT OPTIONS:

☐ **CHECK** – mail check(s) to the Yeshiva to the attention of Mrs. Goldy Paluch.

☐ **CREDIT CARD** – submit completed credit card authorization form.

☐ **WIRE TRANSFER** – Bank details are:

Bank Name: Poalei Agudat Yisrael (PAGI)
Branch: 186
Account Number: 409-800406
Account Name: Yeshivat Kerem B'Yavneh
SWIFT Number: FIRBILITXXX
IBAN Number: IL 26052 1860000000 800406
Address: Dov Gur 6, Ashdod

☐ **STUDENT IS ENROLLED IN A JOINT ISRAEL PROGRAM (JIP)** through ☐ YU ☐ Other _____.
Deposit must be paid directly to KBY.

PARENTAL DECLARATION:

The duration, itinerary or other details of the Yeshiva Program may be canceled, curtailed, altered or modified without prior notice or obligation to applicant except that in the event of cancellation, refund shall be made of all monies paid by or on behalf of student to the Yeshiva for participation in such Program, and if curtailed, refund shall be made of an appropriate share of such monies paid, said sum to be fixed by the Yeshiva in its sole discretion.

Student withdrawal from the program on or after August 14, 2024, but prior to September 18, 2024, entitles the student to a refund of 75% (of the full tuition). Student withdrawal from the program on or after September 18, 2024, entitles the student to a refund of 50% (of the full tuition). Withdrawal after October 1, 2024 is without refund. This includes any student asked to withdraw from the program for non-compliance with the rules and regulations of Yeshivat Kerem B'Yavneh.

Student shall comply with all rules, regulations, and standards of conduct fixed by the Yeshiva, its agents and employees who, in the event of violation, reserve the right to limit or terminate applicant's participation in the Program.

The Yeshiva, its agents and employees shall not be liable in any manner or degree for loss or damage to student's personal property sustained by any reason. It is understood that the Yeshiva shall in no way be deemed responsible for the operation or management of any means of transportation, public or private, or facilities used or enjoyed by the Program unless directly owned by it.

The undersigned warrants that the student has been examined by a qualified physician of his choice; that such physician was in possession of all pertinent facts concerning applicant and the Program, and that such physician has reported that student's is in good health, may travel as required, and is free from any physical or mental ailment or disability requiring medical, surgical, or other care or treatment or which might endanger the health or safety of the student or those with whom the student may come in contact.

If, in the opinion of a duly licensed physician, the student shall require emergency medical, dental, or surgical treatment which require the prior consent of the undersigned, the undersigned hereby authorize, appoint and empower the Yeshiva to act as agent of the undersigned and to give such consent, and the undersigned hereby release and agree to identify and hold harmless the Yeshiva from any and all liability in any manner arising out of the giving of such consent.

By signing this declaration, you agree to be responsible for the payment of your son's tuition.

Father's Signature_____ **Mother's Signature**_____

** If one of the parents is deceased, a copy of the death certificate must be attached to this declaration.*

STUDENT DECLARATION:

I hereby agree to comply with all the standards, rules, and regulations set by the Yeshiva. I certify that all the statements in the application and medical forms are accurate and complete.

Student's Signature_____

Acceptance becomes official when this confirmation and all accompanying checks or credit card authorization, application and medical forms have been received and approved by Yeshivat Kerem B'Yavneh.

Contact person in Israel regarding tuition:

Mrs. Goldy Paluch

e-mail: il@kby.org.il

phone: 972-8-8562007

Credit Card Authorization Form

Date _____

Student Name: _____

Tuition year: _____

Year of study: Shana _____

Type of card _____

Card number _____

Expiration Date _____

Security Code _____

Name on card _____

Billing address: _____

Mobile phone: _____

Total being charged _____

Number of payments _____

Payment 1: Date _____

Payment Amount: _____

Payment 2: Date _____

Payment Amount: _____

Payment 3: Date _____

Payment Amount: _____

Payment 4: Date _____

Payment Amount: _____

Payment 5: Date _____

Payment Amount: _____