



# center for Jewish life & learning

## Course Descriptions – Hebrew *Winter 2008*

Reg Code	Descriptions
56HEBWIO8	<b>Beginning Hebrew</b> Come learn the alef-bet! Sight-reading & conversational skills for adult learners. Thursdays 1/17-2/28, from 4:00-5:15pm. No class on 2/21. Mem \$60, Non-mem \$75
57HEBWIO8	<b>Hebrew 2</b> For continuing Hebrew students, this class will focus on broadening vocabulary. <i>Prerequisite: Beginning Hebrew.</i> Mondays 1/14-2/25, from 4:00-5:15pm. No class on 2/18. Mem \$60, Non-mem \$75
54HEBWIO8	<b>Hebrew Reading Crash Course</b> Have you always wanted to read Hebrew but just couldn't get around to doing it? Have you tried before without success? Join us for this free course! Tuesdays from 12:30-2:00pm or Wednesdays from 8:30-10:00 p.m. 1/15 – 2/13 FREE!
Drop-in	<b>Current Events for Hebrew Speakers</b> Get together to discuss current events in Israel, in Hebrew, led by JCC staff member. Every Thursday starting 1/17, from 9:30-10:30am. FREE!



Lavy Family Campus  
14855 Oka Road Suite 201  
Los Gatos, CA 95032

### Registration Information

To register, a program registration form is required.

For more information contact The Center for Jewish Life and Learning at 408.357.7413 or CJLL@svjcc.org.

# Program Registration Form please fill out completely

ONE FORM FOR EACH PROGRAM PARTICIPANT. PLEASE COPY THIS FORM FOR ADDITIONAL PARTICIPANTS.

<b>CUSTOMER INFORMATION</b>				<input type="radio"/> Member (Membership Number: J_____)	<input type="radio"/> Non-Member
First Name	Last Name	Birth date	Gender		
Street Address	City	State	Zip		
Home Phone	Work Phone	Cell Phone	Email		

<b>CHILD PARTICIPANT INFORMATION</b> (if program participant is under 18)					
Child's First Name	Child's Last Name	Birth date	Gender		
Child's School	Grade	Known Allergies			
<b>EMERGENCY INFORMATION</b>					
Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone	
<b>Authorize Emergency Medical Treatment?</b>				<input type="radio"/> Yes (complete the following) <input type="radio"/> No	
Insurance Carrier	Subscriber Number	Policy Number			
Signature	Date				

<b>PROGRAM CHOICES</b>					
Program Title	Code	Date & Time	Fee		
Program Title	Code	Date & Time	Fee		
Program Title	Code	Date & Time	Fee		
			<b>TOTAL FEES \$</b>	_____	

<b>PAYMENT INFORMATION (MUST BE COMPLETED)</b>					
<input type="radio"/> Check enclosed and made payable to APJCC	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Cash		
Card Number	Expiration Date				
Name on Card	Signature				

<b>PUBLICITY RELEASE</b>	
I hereby grant permission to the APJCC to take photographs of me for marketing and fundraising purposes unless otherwise indicated in writing. As a parent or guardian of the minor named above, I consent to photographs being taken of the minor and used in APJCC materials unless otherwise indicated in writing. I understand there is no financial compensation for the photographs.	
Signature	Date

## REGISTRATION OPTIONS:



Return completed form to  
14855 Oka Road, Ste. 201  
Los Gatos, CA 95032



Fax completed form to  
408-358-7311



Drop form off at  
APJCC Front Desk