



Hebrew High

Registration Form 2025-26

B'H'
18848 Erwin St. Tarzana, CA 91335
Tel:(818)705-3600 Fax:(818)264-3200
hdc@hdconline.org
www.HebrewDiscoveryCenter.com

Student Information

Student's Name (Last) _____ (First) _____ ☐ M ☐ F

(Hebrew Name) _____

Student's Address (Number & Street) _____ (City) _____ (State) _____ (Zip) _____

Date of Birth (M/D/Y)

 /

 /

 Name of school district _____

Name of Public School (As of Sept. 2025) _____ Grade (As of Sept. 2025) _____

Student's Cell Phone

 Home Phone

Registraion for: ☐ Both semester ☐ Fall only ☐ Spring only

☐ New Student ☐ Returning student ☐ Attended other accredited school for: ☐ 1 Year ☐ 2 Years

Parental Information

Father's Name (Last) _____ (First) _____ Religious Affiliation _____

Mother's Name (Last) _____ (First) _____ Religious Affiliation _____

Is there any religious conversion in the family? ☐ *Yes ☐ No Specify Relationship _____

* If yes, please provide a copy of conversion certificate

Father's Cell

Mother's Cell

Father's Work

Mother's Work

Occupation (Father's Occupation) _____ (Mother's Occupation) _____

Family Background : ☐ American ☐ Israeli ☐ Persian ☐ Other _____

Parent's Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Widow(er)

Student's E-mail :

Father's E-mail :

Mother's E-mail :

Please check your email account regularly for special notices and newsletters from HDC Hebrew High.



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Have you received any Hebrew language credit from any other institution(s) besides HDC Hebrew High?

☐ Yes ☐ No If yes, how many years/ credits? _____

Do you have siblings in the program? ☐ Yes ☐ No Sibling name: _____

How did you hear about HDC Hebrew High? ☐ Friend ☐ School Counselor ☐ Jewish Club
☐ Advertisement / Flyer ☐ Current Student, Name: _____ ☐ Other: _____

Bus Transportation

Bus service is currently offered from some schools to first session students for the extremely low fee of \$95 annually.

Do you need bus services? ☐ Yes ☐ No

Location (Check one box)		
<input type="checkbox"/> Taft High School	<input type="checkbox"/> El Camino High School	<input type="checkbox"/> Calabases High School

Shabbaton Retreat

The Shabbaton Retreat offers students a unique opportunity to unite and creat bonds with each other. Students are required to attend the retreat inorder to complete the courese. The heavily subsidized fee for this three days retreat is only \$295.

(Please intial) _____ I acknowledge that attending the retreat is mandatory as this will be counted as part of the school's requirement hours. I understand that I would not be able to complete the course without attending Shabbaton.

School Policy

I have read and understand the School Policy Manual. I agree to adhere to these policies and understand that HDC will not be responsible for any claims, costs, losses, damages or personal injuries arising from them.

Student's Signature

Date

Parent's Signature

Date

Parent Volunteers

There are many opportunities for parent involvement to support the school. Indicate how you would like to help.

☐ Telephone Calls ☐ PTA ☐ Trips Chaperone ☐ Other: _____



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Health / Liability Form

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Student's Name (Last) _____ (First) _____

Physician's Name _____ Physician's Phone () _____

Does your child have any problems with the following?

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to Food	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Medication	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Problems	<input type="checkbox"/>	<input type="checkbox"/>	Fear of Heights	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain: _____

Does your child have any other serious medical problems/been under a physician's care recently?

Yes ☐ No ☐ If yes, please explain: _____

Are there any other existing medical conditions of special concern(including allergies to medication)?

Yes ☐ No ☐ If yes, please explain: _____

I hereby give permission to my child to participate in all HDC programs, activities and events and do release HDC and its representatives from all liability arising out of my child's participation in such activity. In addition, I undersigned parent/ guardian of the above child, do further certify that my child is physically able to participate in such activity and hereby authorize HDC and its authorized representatives as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is to be rendered under the general or specific supervision of any licensed physician (under the provision of the California Medicine Practice Act) or the staff of a licensed hospital, whether such diagnosis, examination or treatment is rendered at the office of said physician, or at such hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above named agents to give specific consent to any and all such examinations, diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. The authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. **In addition, I give authorization for my child's photography or likeness to be utilized in HDC promotional materials. All digital media will be stored on file at HDC.**

I have read and fully agree to the medical/liability form above:

Signature of Parent/Guardian X Date _____

Emergency Contact (other than parents)

1) (Name) _____ (Relationship) _____

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2) (Name) _____ (Relationship) _____

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Hebrew High

Student Learning Form

(CONFIDENTIAL - For Office Records Only)

B'H'
18848 Erwin St. Tarzana, CA 91335
Tel: (818) 705-3600 Fax: (818) 264-3200
hdc@hdconline.org
www.HebrewDiscoveryCenter.com

Please complete this form which will help us ensure your child's academic and social success at HDC Hebrew High.

Student Name: (Last) _____ (First) _____

1) Does your child have any specific learning challenges? ☐ Yes ☐ No If "Yes" answer items A and B. If "No" skip to item 2.

A) Please describe in detail: _____

B) Are there strategies that our faculty should be aware of that will help your child to succeed at HDC?

2) Does your child have any emotional, neurological or familial issues of which we should be aware? ☐ Yes ☐ No

If yes, please describe in detail: _____

3) Does your child have an IEP in their daytime school? ☐ Yes ☐ No

If yes, please attach the most recent copy and return along with this form.



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Tuition Schedule 2025-26

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\$850 Tution - Fall & Spring semesters \$295 Shabbaton - Mandatory school weekend Retreat \$195 Bus Service - optional for 4:30 session only	
<input type="checkbox"/> 1 Payment	Entire tuition paid in full: Due at registration \$1145 <input type="checkbox"/> Bus service add - \$195
<input type="checkbox"/> 2 Payments <small>*There is an additional \$5 processing fee per payment</small>	2 Post dated checks dated: September 1, 2025 \$577 <input type="checkbox"/> Bus service add - \$195 December 1, 2025 \$577
<input type="checkbox"/> 4 Payments <small>*There is an additional \$5 processing fee per payment</small>	4 post dated checks dated: September 1, 2025 \$291 <input type="checkbox"/> Bus service add - \$195 November 1, 2025 \$291 January 1, 2026 \$291 March 1, 2026 \$291
<input type="checkbox"/> 10% Discount on second or third sibling's enrollment	

Please accept my tax deductible donation to the HDC in the amount of: <input type="checkbox"/> \$36 <input type="checkbox"/> \$118 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> Other _____
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PLEASE NOTE:

- Returned checks can not be redposited and will require the writer of the check to submit repayment for the balance due plus an additional \$50.00 to cover bank charges.
- Please make checks payable to HDC and in the memo portion of the check, please write the name of the student.
- Students will not be admitted to class until all fees are submitted in full along with completed application.

I have read and undertand that by signing below I am responsible for the tuition payment and fees checked above. Further, I understand that if I do not withdraw my student in writing within 30 days of registration, I will be responsible for all tuition fees for the year. If I do withdraw my chils in writing by within 30 days of registration, I understand that I will be charged a proprated tuition fee.

Print Name _____ Signature **X** _____ Date _____

OFFICE USE ONLY

Cash received upon registration \$ _____ Received by: _____ Signature and Date	Check #s (if applicable) <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Number</th> <th style="width:30%;">Amount</th> </tr> <tr><td>1# _____</td><td>\$ _____</td></tr> <tr><td>2# _____</td><td>\$ _____</td></tr> <tr><td>3# _____</td><td>\$ _____</td></tr> <tr><td>4# _____</td><td>\$ _____</td></tr> <tr><td>5# _____</td><td>\$ _____</td></tr> <tr><td>6# _____</td><td>\$ _____</td></tr> </table>	Number	Amount	1# _____	\$ _____	2# _____	\$ _____	3# _____	\$ _____	4# _____	\$ _____	5# _____	\$ _____	6# _____	\$ _____	Student's Name _____ Notes :
	Number	Amount														
1# _____	\$ _____															
2# _____	\$ _____															
3# _____	\$ _____															
4# _____	\$ _____															
5# _____	\$ _____															
6# _____	\$ _____															