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September 3, 2014

Dear Parents,

We are looking forward to another successful year of voluntary Sunday morning learning! The program will begin on Sunday, September 7 and will run for most Sundays throughout the year. The program is open for boys in 3rd through 8th grade. **THE FIRST SUNDAY IS FREE!**

The program will commence at 8 a.m. with shacharis and will conclude at 11:00 a.m. The boys will enjoy a bagel and cream cheese breakfast after shacharis. We are fortunate to have a staff of outstanding, enthusiastic and experienced Rabbeim to teach our sons: Rabbi Akiva Gross and Rabbi Shalom Horowitz. Depending on enrollment a third Rebbe may be added.

Our goal is to create an engaging, stress-free learning environment for the boys, one that will encourage consistent attendance while also giving them the thrill associated with attaining a meaningful goal.

Our first session, this Sunday, September 7, will be open for all interested participants at no charge. Cost for those who participate in the entire program is \$450 for a total of 27 additional Sundays. This also includes one gala melave malka, a major trip, and a school day, day game at Turner Field!

The Sundays on which the program takes place include:

September 7, 14, 21
 October 5, 26
 November 2, 9, 16, 23
 December 7, 14, 21
 January 11, 25
 February 1, 8, 22
 March 1, 8, 15, 22, 29
 April 19, 26
 May 3, 10, 17, 31



We are sure that you share our enthusiasm about this program and hope that you will join us in encouraging your son's participation.

Please complete the enclosed application and send it back to us, in a sealed, marked envelope to the attention of Rabbi Horowitz/Sunday morning learning.

Sincerely,

Rabbi Joshua Einzig
 Head of School

Rabbi Shalom Yosef Horowitz
 Rebbe

Beneficiary agency of the



***APPLICATION FOR
SUNDAY MORNING BOYS LEARNING
GRADES 3-8***

Today's Date: _____

FAMILY NAME: _____

CHILD'S
NAME: _____ GRADE _____

CHILD'S
NAME: _____ GRADE _____

CHILD'S
NAME: _____ GRADE _____

Home
Address _____
City _____ State _____ Zip _____

Phone numbers:
(home) _____ (cell) _____

Email address(es): _____

Emergency contact: _____
(Name) (Phone number) (Relationship)

COST OF PROGRAM: \$450/student; sibling discount \$400 each additional student

Please indicate payment option:

- ☐ Check for full amount attached
- ☐ Two (2) post-dated checks attached
- ☐ Four (4) post-dated checks attached
- ☐ Credit Card

☐ Am. Ex. ☐ Visa ☐ MasterCard ☐ Discover

Credit Card # _____ Expiration

Date _____

Name on credit card _____ CCV _____

**PARENT'S
SIGNATURE** _____

DATE: _____