

**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 5, 2025**.

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**Name:**

 (Please print)

will attend Yeshivat Kerem B'Yavneh for the academic year commencing Rosh Chodesh Elul 5785 (2025-2026).

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$30,000** includes all shiurim, activities, and room & board.

Balance must be fully paid by February 15, 2026.

**PAYMENT OPTIONS:**

**❑ CHECK** – mail check(s) to the Yeshiva. The mailing address is:

Yeshivat Kerem B'Yavneh

Doar Na Evtach 7985500

ISRAEL

Attn: 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, 2025, but prior to September 18, 2025, entitles the student to a refund of 75% (of the full tuition). Student withdrawal from the program on or after September 18, 2025, entitles the student to a refund of 50% (of the full tuition). Withdrawal after October 1, 2025 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_