

Eat B'ivrit

In B'ivrit, mealtime is a time for communication: a time when conversation is prioritized, nurtured, and developed. Learning a new language can be quite challenging; however, it's natural to become familiar with new vocabulary while eating together around the table.

- As a part of the **Fridays'** classes, students will be doing Kabbalat Shabbat together. B'ivrit will provide Challah with spread (dairy/plant based), fruit/veggie and grape juice with **NO** additional fee.
- As a part of the **Tuesdays'** classes, students will eat a light dinner together. B'ivrit is offering this dinner with an additional fee. Parents may choose to either purchase dinner in advanced or to send in a packed **dairy** (non-meat) dinner/substantial snack.
- The B'ivrit team has developed a kid-friendly, balanced menu. Each Tuesday of the month, we will offer a different main course (see below) with a side of fruit and veggie. The same menu will run throughout the school year, in addition to seasonal specials.



Eat B'ivrit Registration 2018-2019

Temple Israel, 600 New Scotland Avenue, Albany, NY 12208 * 518-438-7858

Child's Name _____

Please choose main course:

Week 1	Week 2	Week 3	Week 4
<input type="checkbox"/> Bagel w/cream cheese <input type="checkbox"/> Bagel w/peanut butter Fruit, veggie, water	<input type="checkbox"/> Plain pasta <input type="checkbox"/> Pasta marinara Sweet peas, fruit, water	<input type="checkbox"/> Pita bread w/hummus <input type="checkbox"/> Pita bread w/almond butter Israeli salad, water	Pad Thai Noodles with mixed vegetables Fruit, water

Total Amount Due:

Dinner for the whole school year \$108

Trial Dinner for four weeks \$14

Total Due Upon Registration: \$ _____

___ I wish to pay the balance by check enclosed (payable to Temple Israel with "B'ivrit" in the memo line)

___ I wish to pay the balance by credit card: Mastercard ___ Visa ___ Discover ___ American Express ___

***Credit card payments will be assessed a 3% fee.**

Name exactly as it appears on the card _____

Card number _____ Exp date ____/____/____ Code _____

Cardholders signature _____

Billing address _____ City/State/Zip _____