



ט"ז אייר תשפ"ב  
May 17, 2022

**YESHIVAS TIFERES TZVI**  
6317 N. CALIFORNIA AVENUE  
CHICAGO, IL 60659  
T: 773.973.6150 | F: 773.973.0830

Dear Parents,

We have *boruch Hashem* been blessed thus far with a phenomenal year of learning and growth.

We are now excitedly looking forward to an extended yeshiva program. Much planning and work has gone into designing our program so that all of our *talmidim* will enjoy a wholesome, productive and wonderful experience.

New and stimulating *limudim* will be taught in the mornings and exhilarating and fun filled afternoons are planned with activities, swimming, trips, and more. A detailed program and calendar will be distributed closer to the start date. This is not an extracurricular program. All *talmidim* are expected to continue in *yeshiva* until the program's end. Any exceptions need to be approved by the Menahel.

The daily schedule (Monday-Friday) of the extended program begins with *shacharis* at 7:55 AM for grades 6-8 and at 9:00 AM for grades Pre1A-5. Dismissal for all grades Monday – Thursday will be at 3:45 PM, and on Friday at 2:00 PM, unless a trip is scheduled on a particular day.

Please note our end of year schedule below and the cost of the summer program on the accompanying page. **Please sign and return it along with your registration and payment information to the Business Office located at 6122 N. California Ave or email to [rozo@jdbvytt.org](mailto:rozo@jdbvytt.org) by May 31st.** There will be no financial aid or other discount available.

Please feel free to contact us to discuss any questions you may have.

**RABBI NOSSON MULLER**  
Menahel | EXT. 101

**RABBI SHMUEL TENENBAUM**  
Mashgiach | EXT. 203

**RABBI OSHER KATZ**  
S'gan Menahel, Grades Pre-1A-2<sup>nd</sup> | EXT. 269

**RABBI EPHRAIM KLETENIK**  
Principal | EXT. 210

**RABBI AVROHOM PFEIFFER**  
Associate Principal | EXT. 202

**MRS. JODI SOHL**  
Early Childhood Supervisor | EXT. 209

Rabbi Nosson Muller  
Menahel

Rabbi Shmuel Tenenbaum  
Mashgiach

Rabbi Osher Katz  
S'gan Menahel



# YTT 2022 Summer Program Registration

**YTT Calendar**

- Wednesday, June 22 – Last day of Limudei Chol
- Thursday, June 23- 12:30 PM Dismissal for all grades
- Friday-Sunday, June 24-26 – Off Shabbos
- Monday, June 27- Yeshiva Resumes/ Afternoon Camp Program Begins
- Thursday, July 14- Last day of Yeshiva- 12:30 PM Dismissal

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### The cost of the summer program is as follows:

Grades Pre1A-7: \$450 per student  
 Grade 8: \$350 per student

The cost includes all activities and trips, as well as special night activities for our 8<sup>th</sup> graders.

There will be no additional charge for bus transportation for students who are currently enrolled for bus service. There will be no Kiwi Kids lunch so lunches should be brought from home.

Please fill out the name and grade of each of your children on this sheet below and send it together with payment arrangements to Mrs. Roz Oren in the Business Office – 6122 N. California Avenue - or email to rozo@jdbyytt.org no later than **May 31st**. Payment must be included together with the registration form below.

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Last Name \_\_\_\_\_

Father's First Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Rebbi \_\_\_\_\_ Price \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Rebbi \_\_\_\_\_ Price \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Rebbi \_\_\_\_\_ Price \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Rebbi \_\_\_\_\_ Price \_\_\_\_\_

Student Name \_\_\_\_\_ Grade/Rebbi \_\_\_\_\_ Price \_\_\_\_\_

Total \_\_\_\_\_

Please sign below to confirm that your son(s) listed above have permission to participate in all activities including swimming and field trips.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATION FOR PAYMENT  
ACH and Credit Card  
*Joan Dachs Bais Yaakov Elementary School - Yeshivas Tiferes Tzvi*  
6122 N. California, Chicago, IL 60659  
773-465-8889 / Fax 773-465-0993

In consideration of the products and/or services provided to me by JDBY-YTT as listed above, I hereby authorize *Joan Dachs Bais Yaakov Elementary School - Yeshivas Tiferes Tzvi* to initiate a debit entry to my checking account indicated below at the depository financial institution named below, and to debit the same to such account for the amount listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**ACH OPTION**

\_\_\_\_\_  
Depository Bank Name Branch (City, State, Zip):

\_\_\_\_\_  
Checking Account Number (No Savings Accounts) Routing Number

**Please attach voided check**

**CREDIT CARD OPTION**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Credit card number exp. Mo Yr   
security code

**Additional 3% service charge will be included in each payment**

Payment Amount Per Month: \$\_\_\_\_\_ Date of the month \_\_\_\_\_

Beginning Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy) # of Months\_\_\_\_\_

This authorization is to remain in full force and effect for the transactions above only. The specific debit to my account authorized herein may post on or after the above date.

I may only revoke this authorization by contacting *Joan Dachs Bais Yaakov Elementary School Yeshivas Tiferes Tzvi* directly at the address and phone number listed above before the transaction date.

If the above account does not have sufficient funds on the withdrawal date indicated, there will be a charge of \$5.00.

Authorized By: \_\_\_\_\_  
(Please Print) Name

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_