



HEBREW SCHOOL REGISTRATION for 2010-2011

We have the following information on record for your child(ren). Please read this form carefully and make any necessary corrections in the spaces provided. Thank you for your cooperation.

STUDENT INFORMATION

LAST NAME:	ADDRESS
CHILD:	
HEBREW NAME:	
DATE OF BIRTH:	
GRADE IN 10/11:	HOME PHONE
DISTRICT/SCHOOL:	
CHILD:	
HEBREW NAME:	
DATE OF BIRTH:	
GRADE IN 10/11:	
DISTRICT/SCHOOL:	
CHILD:	CHILD(REN) RESIDE WITH:
HEBREW NAME:	BOTH PARENTS <input type="checkbox"/>
DATE OF BIRTH:	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/>
GRADE IN 10/11:	
DISTRICT/SCHOOL:	ANY CORRECTIONS?
CHILD:	
HEBREW NAME:	
DATE OF BIRTH:	
GRADE IN 10/11:	
DISTRICT/SCHOOL:	

PARENT INFORMATION

MOTHER'S NAME

FATHER'S NAME

ADDRESS & HOME PHONE

ADDRESS & HOME PHONE

___ Same as above

___ Same as above

WORK PHONE

WORK PHONE

CELL PHONE (required)

CELL PHONE (required)

E-MAIL (required)

E-MAIL (required)

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TUITION PER CHILD:

Pre K/ Kindergarten/Grade 1: \$500
New Beginner: \$650
Grades 2-7 One Day per week: \$650
Grades 2-7 Two Days per week: \$650

Snack Fee per child: \$20

B'nai Mitzvah fee: \$1,000
(Required for all 6th & 7th graders; \$500 payable each year.)

Payment Information:

\$200 Per student deposit due 6/14/10
 Full payment required by 8/1/10

*An early payment discount is available
 for full payment by June 14th.*

FAMILY NAME: _____

FIRST CHILD: _____

GRADE: _____

Fees: \$

IF THE NATURAL MOTHER OF THE CHILD IS NOT JEWISH,
 WAS THE CHILD CONVERTED? YES _____ NO _____

SECOND CHILD: _____

GRADE: _____

Fees: \$

IF THE NATURAL MOTHER OF THE CHILD IS NOT JEWISH,
 WAS THE CHILD CONVERTED? YES _____ NO _____

THIRD CHILD: _____

GRADE: _____

Fees: \$

IF THE NATURAL MOTHER OF THE CHILD IS NOT JEWISH,
 WAS THE CHILD CONVERTED? YES _____ NO _____

FOURTH CHILD: _____

GRADE: _____

Fees: \$

IF THE NATURAL MOTHER OF THE CHILD IS NOT JEWISH,
 WAS THE CHILD CONVERTED? YES _____ NO _____

SPECIAL LEARNING NEEDS:

Please attach copies of IEP Assessments/504 Accommodations

(Use this space to advise of special needs/learning challenges or information that may help us facilitate your child's Jewish education)

MEDICAL CONDITIONS

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

PROGRAM CHOICES:

Please select from the following options

Hebrew School:

One-Day per week _____
(Pre-K through 7)

Two-Days per week _____
(Grades 2-7 only)

Customized Learning:
(Fees available on request)

Private Instruction

“Hebrew School at Home” _____

At School _____

Specialized Curriculum _____

New Beginners _____

PAYMENT DUE:

All Fees: \$

Snack Fee: \$

TOTAL DUE: \$