

# Jewish Centre of Bay Shore

## Religious School Enrollment Form: 2009– 2010

Name of student: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ E-MAIL \_\_\_\_\_

Phone numbers ( home ) \_\_\_\_\_ business or cellular / beeper \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

(Relationship)

Pediatrician's name and phone: \_\_\_\_\_

*Please let us know the following information regarding your child:*

Program she/he will be attending: \_\_\_\_\_ Hebrew school, Thurs & Sun \_\_\_\_\_

Fall 09 Grade \_\_\_\_\_ Your child's date of birth \_\_\_\_\_ Present Age \_\_\_\_\_

Hebrew Name (if known) \_\_\_\_\_

Bar/Bat Mitzvah Date (if known) \_\_\_\_\_

Is your child new to the school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all previous religious education \_\_\_\_\_

Does your child have allergies that we should be aware of? \_\_\_\_\_

I authorize emergency medical treatment for my child, if necessary.

I authorize my child to participate in school field trips.

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

### OUR POLICY IS:

**All prior obligations must be paid in full before registration.**

**Current enrollment must include financial deposit & method of payment.**

**Credit cards accepted**

Name \_\_\_\_\_ Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_