

Jewish Centre of Bay Shore

Religious School Enrollment Form: 2011– 2012

Name of student: _____

Name of Parent(s): _____

Address: _____ E-MAIL _____

Home _____ Mother's Cell _____ Father's Cell _____ Work _____

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 _____/Sundays only _____

Fall 11 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 _____

Is your child on medication? Yes _____ No _____

Does your child have special needs? Yes _____ No _____

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

I authorize emergency medical treatment for my child. I authorize my child to participate in school field trips.

Signature: _____

OUR POLICY IS:

Membership is a requirement for enrollment.

All prior obligations must be paid in full before registration.

Current enrollment must include financial deposit & method of payment.