



Temple Beth Sholom Hebrew School
Early-Bird Registration Form 2010-2011
DEADLINE: March 23rd 2010

Mother's First & Last Name:

*Email:

Work Phone:

Cell #:

Father's First & Last Name:

*Email:

Work Phone:

Cell #:

Address:

Home phone #:

**PLEASE FILL OUT THE INFORMATION BELOW FOR EVERY CHILD
WHO WILL BE ATTENDING NEXT YEAR. (2010-2011)
REMINDER – CLASS PLACEMENT IS AT THE DISCRETION OF THE PRINCIPAL**

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2010:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2010:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2010:

Enclosed please find a CHECK IN FULL for \$_____ (made payable to Temple Beth Sholom)
for my child(ren) listed above. Payment is non-refundable.

Signed: _____

Date: _____

I have read the accompanying Terms and Conditions and agree to abide by them.

Are there any special parental arrangements that we should be aware of? If so, please contact us.

*Please note that email addresses will only be used by Hebrew School personnel.