



Temple Beth Shalom Hebrew School
Registration Form 2010-2011
DEADLINE: AUGUST 6, 2010

Mother's First & Last Name:

Father's First & Last Name:

*Email:

*Email:

Work Phone:

Cell #:

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 deposit check (\$100 per child) of \$_____ (made payable to Temple Beth Shalom) for my child(ren) listed above. Please note that tuition 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.