

Torah Center Hebrew School Registration

2008 –2009

Student Information

Please fill out a separate form for each child

Student's Name _____

Date of Birth _____ / _____ / _____ Grade entering _____

Student's Address _____ City _____ Zip _____

Home Telephone _____

Current Synagogue Affiliation _____

Is the natural mother of the child Jewish? _____

Were there any conversions or adoptions in your family? _____

Has your child had any previous Jewish education? _____ if yes, indicate name of school and years attended _____

Are there any learning or behavioral difficulties that we should be aware of? (Confidential)

Does your child have any allergies or medical condition requiring special care? If yes, please describe and indicate precautions needed. _____

Father's Information

Name _____

Cell Phone _____

E-mail _____

Mother's Information

Name _____

Cell Phone _____

E-mail _____

Home address of father or mother if different from student _____

School information should be sent to: Mother Father both

Emergency Information

Please provide the name of a friend or relative who can be reached on Sunday if parent is unavailable (Please be sure they have consented to act on your behalf)

Name _____ Address _____ Telephone _____

Tuition

Checks should be made payable to Union County Torah Center.

Sunday Hebrew School \$600 (Gr. 1-7) \$300 (Gr. Pre K - K)

Special Needs Class \$300 (Ages 6-10)

Tuesday Enrichment Class \$150

Hebrew High \$200

(\$10% off additional children in same family)

Completed forms and check for \$50 registration fee should be sent to
Union County Torah Center P.O. Box 2245 Westfield, NJ 07091