



Temple Beth Sholom Hebrew School Registration Form 2008 - 2009

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. (2008-2009)**

REMINDER – CLASS PLACEMENT IS AT THE DISCRETION OF THE PRINCIPAL.

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2008:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2008:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2008:

Enclosed please find a deposit check for \$ _____ (made payable to Temple Beth Sholom) towards tuition for my child(ren) listed above. Balance of tuition is due by AUGUST 17TH.

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.