



Temple Beth Sholom Hebrew School Early-Bird Registration Form 2005 - 2006

Mother's First & Last Name:

Father's First & Last Name:

Email:

Email:

Work Phone:

Work Phone:

Address:

Home phone:

Cell phone:

**PLEASE FILL OUT THE INFORMATION BELOW FOR EVERY CHILD
WHO WILL BE ATTENDING NEXT YEAR (2005-2006)**

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2005:

Email:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2005:

Email:

Child's Name:

Birthday:

Hebrew Name:

Public School Grade in September 2005:

Email:

**Enclosed please find a check for \$ _____ (made out to Temple Beth Sholom)
as payment IN FULL for my child(ren) listed above.**

Signed: _____

Date: _____

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

DUE MARCH 31, 2005