



MJC HEBREW SCHOOL ENROLLMENT FORM

Our curriculum offers beginner Hebrew reading and language, Jewish history, Holidays, Prayer, and Jewish life. Our stimulating hands-on learning style will allow the children to experience this in a creative and educational way.

Child's Name _____ Hebrew Name _____

D.O.B. _____ (must be five years of age)

Parent/ Guardian Name _____

Address _____

Home phone: _____ cell phone: _____

Email address: _____

My child recognizes letters of the Aleph-Bet: Yes _____ No _____

Hours: Wednesday 4-5:30 PM

Location: Maplewood Jewish Center/The Charles Kimmel Building

113 Parker Avenue

Tuition: \$500 members /\$600 non members (10% off 2nd child enrollment)

In Full, on or before October 21, 2009

Two payments dated October 21, 2009 and January 15, 2009

Book Fee \$50

Emergency information:

Child's Doctor's Name _____

Doctor's office address: _____ Phone # _____

Allergies or Medical Concerns: _____

Emergency Alternate Contacts

1. NAME _____ RELATIONSHIP _____

PHONE NUMBER () _____ () _____

2. NAME _____ RELATIONSHIP _____

PHONE NUMBER () _____ () _____

If an emergency arises (G-d forbid), and none of the people mentioned above can be contacted, I hereby give The Hebrew School permission to take whatever measure it feels proper and necessary considering the circumstances. Yes _____ No _____

Please be advised that I give my full consent to the faculty of The Hebrew School to take my child for short walks outside of the synagogue facility at any time they deem appropriate. Yes _____ No _____

I give permission for our name and telephone number to be placed on a class list for release to other parents. Yes _____ No _____

Registration:

Please return the enrollment form, together with payment (\$500 for members/ \$600 for non-10% second child discount and book fee to Hebrew School c/o Congregation Beth Ephraim 113 Parker Avenue Maplewood, NJ 07040 .

Signature: _____ Date: _____