

Hebrew School

of FRESH MEADOWS & JAMAICA ESTATES

STUDENT REGISTRATION FORM – 2016-17

Student Information

Last name _____ First Name _____ Hebrew Name _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Home Telephone: () _____ - _____ Current Grade: _____ Gender: _____
 Birthdate: ____/____/____ Place of Birth: _____ Language at home: _____

Parent Information

Father's Name: _____ Occupation: _____ Employer: _____
 Work Tel.: () _____ - _____ Mobile Number: () _____ - _____ Email: _____
 Mother's Name: _____ Occupation: _____ Employer: _____
 Work Tel.: () _____ - _____ Mobile Number: () _____ - _____ Email: _____
 Synagogue affiliated with: _____

Medical Info

Person to be contacted in case of an emergency when parent(s) cannot be reached:
 Name _____ Relationship: _____
 Tel Number () _____ - _____
 Family Physician: _____ Tel. Number: () _____ - _____
 Address: _____
 Please list any medical conditions, including allergies: _____

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of the Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, the Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in the Hebrew School activities and that these pictures may be used for marketing purposes.

I Accept Signature: _____

Payment Information

Tuition: \$550 + Book Fee: \$50
 Please choose one option
 Please bill my Credit Card for the full amount of \$600
 Enclosed is a check for the full amount of \$600
 Enclosed are **two** checks: one for \$300 with today's date and the 2nd is the balance of \$300 dated prior to December 1, 2016

For Office Use Only			
Date: _____	Amount: _____	Check # _____	Initials: _____

Credit Card Information

Name on Card _____ Credit Card Number _____
 Billing Address _____
 Type of Card: Visa, Master Card, American Express, Discover
 Expiration Date: _____ CVV Code (3 digits on the back of card) _____