

Shelter Rock Jewish Center - Religious School



272 Shelter Rock Rd.
Roslyn, NY 11576
516 - 741 - 4305



REGISTRATION FORM 07-08

Grade as of September 2007: _____ Date: _____

- ___ Kindergarten/Aleph - 1st grade (1 day)
___ Bet - 2nd grade (2 days)
___ Gimel & Daled - 3rd & 4th grade (2 days + 8 enrichment sessions)
___ Hey & Vav - 5th & 6th grade (2 days + 8 enrichment sessions))
___ Zayin - 7th grade (2 days)

Student's Last Name: _____

Student's First Name: _____

M / F

Birthday: _____

Student's Hebrew Name: _____

Father's Name: _____ Hebrew Name: _____ Cell #: _____

Mother's Name: _____ Hebrew Name: _____ Cell #: _____

Student's home address: _____

Home Phone: _____

Emergency Phone: _____ Name of Contact: _____ Relationship: _____

Parents E-mail addresses _____

Members of the Synagogue? Yes No

(Note: Synagogue policy requires membership of parents for all students in classes Bet-Zayin 2nd-7th grade)

Brothers - Name and Date of Birth

(_ / _ / _)
(_ / _ / _)

Sisters - Name and Date of Birth

(_ / _ / _)
(_ / _ / _)

Special Attention (Allergies, Medication, etc.) Comments: _____

For Transferees:

Previous Religious School (name and address): _____

Month and year when student left Hebrew School: _____

Reason for transfer: _____