



Registration 2008/09 for K – 8th

Student information:

Name _____ (hebrew) _____
 Date of Birth ____ / ____ / ____ Age and Grade as of 9/01/08 _____
 Prior Hebrew Education _____
 Course and Club Selection: # _____ # _____ # _____ # _____

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Fill out family information on reverse

Number	Title	Grade	Date and Time	Tuition
HS-300	Hebrew School Younger Division	K-2	Tuesdays 4-6 pm	\$570 \$50 Regist. \$15 Book
CFYC-350	Hebrew School Kids Club	K-6	Varies per event	Varies per event
HS-400	Hebrew School Older Division	3-8	Sundays 9:30-12:30 pm	\$770 \$50 Regist. \$35 Book
BMDC-525	Bat Mitzvah Discovery Course	6-7	15 Mondays Girls: 5:30-6:30 pm	\$200 Oct.-Feb.
BMDC-525	Bar Mitzvah Discovery Course	6-7	15 Mondays Boys: 5-6 pm	\$200 Oct.-Feb.
BMTC-550	Bat Mitzvah Girls Teen Club	7	Mondays, monthly 7:00-8:30 pm	\$200 Club Fee

Father's information:

Name _____ (hebrew) _____

Address _____

City _____ CA Zip _____ Email _____

Telephone (home) (_____) _____ (work) (_____) _____

(cell) (_____) _____ Occupation _____

Mother's information:

Name _____ (hebrew) _____

Address _____

City _____ CA Zip _____ Email _____

Telephone (home) (_____) _____ (work) (_____) _____

(cell) (_____) _____ Occupation _____

Family information:Were there any conversions or adoptions in your family? _____ Explain:

Are the natural parents of the child/ren Jewish? (father) _____ (mother) _____

Other children living at home:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does your child have any learning difficulties with general studies? _____

Medical information:

Any medical conditions or related regarding your child we should be aware of? _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

I hereby permit my child/ren to participate in all school and youth club activities and join in school trips on and beyond school properties. I am aware that photos and videos taken during Hebrew school may be used in promotional material. I understand that my name address and phone number will be part of a school directory. In case of emergency, I hereby authorize the school to have my child taken care of by a physician in any way the situation may call for.

Parent Signature _____ Date _____

I would like to volunteer for the following:

- My child's Friday night Oneg Hebrew School kids club events
 Family Workshops Help w/ Hebrew School preparations at CJC