



**JEWISH
COMMUNITY
CENTER
OF FORT LEE**

Hebrew School & Bar/Bat Mitzvah School

NON-MEMBER HEBREW SCHOOL REGISTRATION for 2018-2019

We have the following information on record for your child(ren). Please read this form carefully and make any necessary corrections in the spaces provided. Thank you for your cooperation.

STUDENT INFORMATION

LAST NAME: _____	ADDRESS: _____
FIRST NAME: _____	_____
HEBREW NAME: _____	_____
DATE OF BIRTH: _____	HOME PHONE: _____
GRADE IN 2018-19: _____	_____

FIRST NAME: _____
 HEBREW NAME: _____
 DATE OF BIRTH: _____
 GRADE IN 2018-19: _____

FIRST NAME: _____
 HEBREW NAME: _____
 DATE OF BIRTH: _____
 GRADE IN 2018-19: _____

CHILD(REN) RESIDE WITH:
 BOTH PARENTS
 MOTHER FATHER

PARENT INFORMATION

MOTHER'S NAME _____	FATHER'S NAME _____
ADDRESS & HOME PHONE ___ Same as above _____	ADDRESS & HOME PHONE ___ Same as above _____
WORK PHONE _____	WORK PHONE _____
CELL PHONE (required) _____	CELL PHONE (required) _____
E-MAIL (required) _____	E-MAIL (required) _____

HEBREW SCHOOL REGISTRATION for 2018-2019

NON-MEMBER TUITION PER CHILD: *

Rishonim/Nursery	1-Day per week:	\$1,600	Snack Fee per child:	INCLUDED
Pre-K/K	1-Day per week:	\$1,600	Security Fee per child:	INCLUDED
Grades 1-7	1-Day per week:	\$1,600		
Grades 1-7	2-Days per week:	\$1,600		

* 10% Discount for enrollment of 2 children

FAMILY NAME: _____

FIRST NAME: _____

Fees: \$ _____

FIRST NAME: _____

Fees: \$ _____

FIRST NAME: _____

Fees: \$ _____

ADDITIONAL BACKGROUND INFORMATION:

Is the natural mother Jewish? YES NO

Use this space to let us know about *any* additional information that may help us facilitate your child's Jewish education.

(Please attach copies of **IEP Assessments/504 Accommodations**, if applicable.)

MEDICAL CONDITIONS:

EMERGENCY CONTACT INFORMATION:

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

PARENT SIGNATURE: _____

PAYMENT INCLUDED: \$ _____

PROGRAM CHOICES:

Select from the following options:

Hebrew School:

One-Day per week _____
(Pre-K through 7)
 Sunday Only; 8:45-11:30AM

Two-Days per week _____
(Grades 1-7 only)
 Sunday; 8:45-11:30 AM
 Wednesday; 4:00-6:00 PM

Payment Information:

Payment in full required prior to the start of school. Credit cards accepted.

Payment plans available (contact the office at 201/947-1735).

PAYMENT DUE:

Hebrew School Fees: \$ _____

10% Discount: \$ _____

TOTAL DUE: \$ _____