

## 2022-2023 NJC Hebrew School Application

1403 N. Causeway Blvd.,  
Mandeville, LA 70471  
(985) 951-7976 njc1403@gmail.com

Parent(s) First and Last names: \_\_\_\_\_  
\_\_\_\_\_

Best phone numbers to reach Parent(s): \_\_\_\_\_  
\_\_\_\_\_

Email address(es): \_\_\_\_\_  
\_\_\_\_\_

| Students Names | Hebrew Name (if known)* | Birth Date | School Grade | Previous Years of Hebrew Education |
|----------------|-------------------------|------------|--------------|------------------------------------|
|                |                         |            |              |                                    |
|                |                         |            |              |                                    |
|                |                         |            |              |                                    |

**\*If your child does not have a Hebrew name, it will be our honor to help your family choose one.**

### Registration fees:

1st child: \$500 \_\_\_\_\_

Additional children: \$400 each \_\_\_\_\_

**Total:** \_\_\_\_\_

**My tuition check is attached**

For more information, contact Hebrew School Director Roberta Torman at [bertaotr@bellsouth.net](mailto:bertaotr@bellsouth.net) or 985-630-1153.

**Payment in full is required with this form or please make payment arrangements.**

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**Emergency Medical Information:**

Emergency contact person(s) (other than parent(s)). *Please notify named person(s) that they have been listed.*

Name: \_\_\_\_\_  
phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Doctor/Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
phone: \_\_\_\_\_

Medical insurance policy name & number: \_\_\_\_\_

To help us best serve your child(ren), please note any medical, learning, and/or behavioral concerns, including medications and any scheduling concerns:

\_\_\_\_\_  
\_\_\_\_\_

**Parent's acknowledgement:**

If my child becomes ill, or is injured while at Hebrew School, I understand that the staff will make every effort to contact me, or the person(s) named above. If I (we) cannot be reached, or if the staff of NJC Hebrew School feels that a medical emergency exists, then I authorize the staff to seek appropriate medical care and agree to assume all financial responsibility for that care. I further agree to not hold NJC, NJC Hebrew School, or any of its staff responsible for any such illnesses or injuries.

X \_\_\_\_\_  
Parent(s) signature Date

X \_\_\_\_\_  
Parent signature Date