

2018-2019 NJC Hebrew School Registration
1403 N. Causeway Blvd.
Mandeville, LA 70471
(985) 951-7976

Parent(s)' First and Last names: _____

Best phone numbers to reach Parent(s): _____

Email address(es): _____

Student's Name	Hebrew Name (if known)*	Birth Date	R.S. Grade	Previous Years of Hebrew Education
1.				
2.				
3.				

Registration fees:

1st child: \$550 _____

Additional children: \$450 each _____

Sub total: _____

Non-members encounter a surcharge of \$100 per child _____

Total: _____

____ My tuition check is attached

____ Please charge to my Visa or Mastercard # _____ Exp. _____ Security Code # _____

Address credit card bill is sent to: _____ **Zip** _____

For more information, contact Director _____ at _____.

Payment in full is required with this form. Please contact the Director before the first session of Hebrew School for other arrangements.

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

2018-2019 NJC Hebrew School Registration, p.2

Please return by September _____, 2018.

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 signature Date

X _____
Parent signature Date
