

**2019-2020 NJC Hebrew School Registration**  
**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): \_\_\_\_\_

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

**Registration fees:**

1<sup>st</sup> 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.**

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**Please return by September 2, 2019.**

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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**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 \_\_\_\_\_ Date \_\_\_\_\_  
Parent signature

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

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