

NJC RELIGIOUS SCHOOL APPLICATION 2019-2020

Applications can be emailed to lena.liller@northshorejewish.org or mailed to NJC at 1403 North Causeway Boulevard, Mandeville Louisiana 70471. All questions/inquiries should be directed to Lena Liller, Religious School Director at the email listed above or by voice or text (504) 914-6941.

Members must be in good standing (dues current) to enroll child(ren) in Religious School!

Date _____

Parent/Guardian's Name(s) _____

Address (Street, City, Zip) _____

Parent/Guardian Cell Phone _____

Parent/Guardian Cell Phone _____

Parent/Guardian E-mail _____

Parent/Guardian E-mail _____

Child's Information	Child 1	Child 2	Child 3
First Name			
Nickname			
Last Name			
Birthday			
2019-20 Grade Level			
School Attending			
Cell Phone Number\			
Email Address			

Please submit application by July 31, 2019 to secure your child's placement for the school year.

Has your child previously attended Religious School somewhere other than NJC? Y / N

If yes, please provide the name of the school_____

Does your child have any allergies or special needs NJC staff should be aware of? Y / N

If yes, please provide detail_____

Please select all that apply. Note that at least one must be selected.

_____ A snack fund contribution of \$50 is included with our payment

_____ I _____ can substitute when needed

_____ I _____ will lead a 2nd hour activity

_____ I _____ can support 2nd hour activities when needed

_____ I _____ will be a teacher for this school year

Tuition is \$250/student for the school year. Please indicate method of payment.

_____ My check is enclosed.

_____ My check has been mailed to NJC

_____ Please bill my Visa/Mastercard

_____ - _____ - _____ - _____

exp. ____/____ 3-digit security code____

If my child becomes ill, or is injured while at Religious School, I understand that the staff will make every effort to contact me based on the information provided. If I (we) cannot be reached, or if the staff of NJC Religious 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 Religious School, or any of its staff responsible for any such illnesses or injuries.

X _____
Parent signature Date

X _____
Parent signature Date