

2022-2023 NJC Religious School Application

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

Date _____

Parent(s) Name(s): _____

Address: _____
Street City State Zip Code

Telephone (Cell) _____ (Home) _____

E-mail Address(es): _____ / _____

Where did your child attend religious school last year? _____

____ YES, I can volunteer in Religious School by: _____

____ NO, I cannot, but WILL donate _____

Childs Names	Birth Date	School Grade as of Sept. 1st

Tuition is \$250 per year/ per student and should be mailed to NJC.

Members must be in good standing (dues current) in order to enroll your child in Religious school.

___My tuition check is attached

For more information, contact Religious School Director Bri Steilberg at Bri.Steilberg@northshorejewish.org or 985-774-1000.

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: _____

In order to provide the most effective learning experience possible, it would be helpful if you could identify any special needs to concerns that your child might have. This may include, but is not limited to, emotional, visual, or hearing concerns, or ADD or ADHS. Please feel free to discuss this with your child's teacher, or your may list your concerns here:

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