

TEMPLE BETH TORAH
jewish student connection
grades 8, 9 and 10 (Confirmation)
REGISTRATION FORM
2018/2019 SCHOOL YEAR

(Please return to Temple office by July 1, 2018)

Student Name _____ Grade 2018/19 _____ Age _____

Hebrew Name _____

Student Name _____ Grade 2018/19 _____ Age _____

Hebrew Name _____

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

Contact person in case of an emergency if parents cannot be reached

_____ Phone _____

Do you grant permission in case of an accident or serious illness to contact your physician and/or send your child to the emergency room? **YES** _____ **NO** _____

Hospital Preference _____

Time Schedule: **2 Tuesdays/Month** (See enclosed calendar).....6:00 p.m. to 7:30 p.m.

Fees: **\$400.00 per student**
(Does not include field trips, excursions, admissions, etc.)

Signature _____ Date _____