



קהילת בית התקווה  
CONGREGATION BETH HATIKVAH

**Registration 2018-2019**

**Grades 8-10**

*Please complete all information*

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Home Phone# \_\_\_\_\_

Parent Name/Cell # \_\_\_\_\_ Parent Name/Cell # \_\_\_\_\_

Teen Cell # \_\_\_\_\_

**E-MAIL ADDRESSES:**

Parent \_\_\_\_\_

Student \_\_\_\_\_

Please list any allergies, medication, or special learning needs about your child that we should know about. \_\_\_\_\_

- I give permission to use my child (ren)'s photographs, while participating at CBH activities, on the CBH website, Facebook, and as part of any publicity releases to the local press.
- I give permission to use my child (ren)'s names, while participating in CBH activities, on the CBH website, Facebook, and as part of any publicity releases to the local press.

Please mail in this completed form, along with payment, no later than July 30, 2017 to:

Nancy Hersh  
CBH Religious School  
36 Chatham Road  
Summit, New Jersey 07901