



Congregation
Beth Ohr
Herbert L. Jacobson
Hebrew School

2550 South Centre Ave.
Bellmore, NY 11710
(516) 781-3072
hebrewschool@cbohr.org

REGISTRATION APPLICATION 2018-2019 (5779)

PLEASE PRINT CLEARLY, THANK YOU

Student Name _____ Hebrew Name _____
FIRST LAST

Home Address _____
STREET CITY ZIP

HOME Phone # (____) ____-____ Date of Birth ____/____/20____ Male Female Age ____

Public School Grade in September 2018? _____ School _____

List any previously attended Hebrew schools: _____

Siblings (Names & Date of Birth): _____

Mother's Name _____

Mother's Cell Phone # (____) ____-____ Mother's Work Phone # (____) ____-____

Mother's E-mail Address: _____

Father's Name _____

Father's Cell Phone # (____) ____-____ Father's Work Phone # (____) ____-____

Father's E-mail Address: _____

EMERGENCY CONTACT AND PHONE NUMBER in case of emergency during Hebrew school?

Name _____ Phone (____) ____-____ Relationship _____

Are you currently a member of Congregation Beth Ohr? Yes No

If No, would you like information about membership? Yes No

PARENT(S) SIGNATURE: _____ DATE: _____

ALL INFORMATION MUST BE COMPLETED AND IS STRICTLY CONFIDENTIAL

Deposit information for OFFICE USE ONLY:

Date Registered: ____/____/20____ Hey Class of 20____ Grade Assignment: _____

Names of other student(s) in family _____

Paid, Bkpr: _____