

Shalom Heritage Center

639 Abbington Drive
East Windsor, NJ 08520
609-443-7170

Rabbi Yisroel Nadoff
Rabbi Leib Miller

Hebrew School Registration Form (pg 1) 2012 – 2013

Date: _____

How did you hear about our Hebrew School?

Student Information:

Last Name: _____ First Name: _____

Hebrew Name: _____ Email _____

Address: _____

City: _____ Zip: _____

Home Phone Number: _____

Student's Birthdate: ____/____/____ Male Female

Student's Grade September 2011 _____

Primary School _____

Is there any important educational or medical needs we should know about your child?

Parent Information:

Father's Last Name: _____ First Name: _____

Hebrew Name _____ Email _____

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Hebrew School Registration Form (pg 2) 2012 – 2013

Mother's Last Name: _____ First Name: _____

Hebrew Name _____ Email _____

_____ Single Parent (Mother/ Father)

_____ Two Parents: Please indicate if a spouse is not child's biological parent. _____

_____ Mother Jewish _____ Mother Converted

_____ Father Jewish _____ Father Converted

Father's Work Phone: _____ Occupation: _____

Company Name: _____

Mother's Work Phone: _____ Occupation: _____

Company Name: _____

E-mail Address: Mother _____

Father _____

Grandparents Information:

Name: _____ Address: _____

Street, City, Zip _____ Phone Number: _____

E-Mail _____

Name: _____ Address: _____

Street, City, Zip _____

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Hebrew School Registration Form (pg 3) 2012 – 2013

Phone Number: _____

E-Mail _____

Sibling Information:

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Do you have any friends who would be interested in this program?

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

Payment Information

Billing information should be sent to:

Name : _____

Address: _____

City: _____ State: _____

Phone # _____

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Hebrew School Registration Form (pg 4) 2012 – 2013

Tuition may be paid in full, or 2 Payments of \$250 on September 1 and November 1, and \$225 on February 1, plus a \$50 registration fee.

Check

Credit Card

Please make checks payable to

Shalom Heritage Center

Full Payment (\$775)

Payment Plan

Visa

Mastercard

American Express

Credit Card # _____

Name as it appears on card _____

Expiration Date ____/____

I authorize Shalom Hebrew School to charge my credit card.

Shalom Hebrew School, reserves the right to

dismiss any child at any time.

I would like my child to attend Shalom Hebrew School. Tuition is \$725 per year plus \$50 non-refundable registration. I agree to pay all fees to Shalom Hebrew School for the 2011-12 school year. This does not necessarily include money for trips. It is not conditional upon attendance or completion of Shalom Hebrew School. No Bar /Bat Mitzvah arrangements can be assumed, made, or booked without this registration, and without first meeting with your family Jewish educator.

Parent's Signature: _____

Please mail completed form to:

Shalom Heritage Center - 639 Abbington Dr. E. Windsor N.J. 08520