

HEIGHTS HEBREW SCHOOL

B"H

117 Remsen street · Brooklyn, NY 11201 · 718 596 4840 Fax: 718 802 1827

Student Application

Basic Information			
Student's Name:		Hebrew Name:	
Last:	First:	Sex: M / F	
Birth Date:	Grade Entering:	School Name:	
Time of Day: AM / PM			
Home Address:			
City:	State:	Zip:	Phone:
Father's Name:		Hebrew Name:	
Name & Address of Employment:			
City:	State:	Zip:	Father's Cell Phone:
Mother's Name:		Hebrew Name:	
Name & Address of Employment:			
City:	State:	Zip:	Mother's Cell Phone:
Is child's Father Jewish? Yes/ No		Is child's Mother Jewish? Yes/ No	
Father's Email:		Mother's Email:	

*Email must be filled out to be sure you are updated with school information.

Which email would you like us to contact? Mother / Father / Both

About Your Child
Does your child read basic Hebrew? Yes / No
Previous religious school education:
Does your child have any learning difficulties with general studies? Yes / No Explain:
Any special abilities, habits, behavior or other which you want us to be aware of:
School your child attends :
Summer camp your child attends:

Emergency Information	
1) Contact:	Phone:
2) Contact:	Phone:
Pediatrician:	Phone:
Allergic reactions to medications:	
Medication child is taking on a regular basis:	
Any special medical circumstances or allergies:	
<input type="checkbox"/> In the event I cannot be reached, I hereby grant permission to the directors of the school to treat and/or provide a physician or hospital to give emergency treatment to my child.	

General

The following people are authorized to take my child to and from school:

1) Name:	Phone:
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2) Name:	Phone:
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I authorize Heights Hebrew School to take my child on school trips.
 I authorize Heights Hebrew School to take pictures of my child and use them for publicity purposes (i.e., Brochures, Websites, social media)

How did you hear about our Hebrew School?

Price:

Please check off
Hebrew School-Wednesdays 3:30-5:00 pm
Price: \$1000 for year. Additional \$170 for walk pool school pickup

Payment Options: (check one)

Option 1: Full payment of tuition with this registration form
 Option 2: Provide initial 100\$ and postdated checks covering the balance with this registration form. (last check must be dated before March)
 Option 3: Payment by Credit Card: Full Monthly (Thru March)
Credit Card number _____ exp: _____ CVV Code _____

Signature: _____

Parent's signature: _____ Date: _____