

THE JEWISH LEARNING CENTER at CONGREGATION B'NAI SHOLOM - BETH DAVID



100 Hempstead Avenue
Rockville Centre, New York 11570
www.BnaiSholom.org

Howard Diamond, Rabbi
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516-764-4100 (Main Office)
516-764-8381 (School Office)

Registration Application 2015-2016 (5776)

PLEASE PRINT CLEARLY THANK YOU

Student Name _____ Hebrew Name _____
FIRST LAST

Date of Birth ___/___/___ Male Female Public School Grade ___ School _____

Home Address _____
STREET CITY ZIP

Home Phone # (____) _____ - _____ Years of formal Jewish training before JLC? _____

Mother's Name _____ Jewish? Yes No

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

Mother's E-mail Address: _____

Father's Name _____ Jewish? Yes No

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

Father's E-mail Address: _____

Siblings (Names & Date of Birth): _____

In case of emergency, please call: _____

At phone number (____) _____ - _____ Relationship to child _____

Has your child had any serious illness, injury, surgery or communicable disease in the past year?
Yes No If yes, _____

Allergies and/or other medical concerns _____

Medications taken by your child _____

Is your child currently or has your child in the past received any special services in public school?
Yes No If your answer is yes, please specify: _____

If there is **anything** else you would like us to know about your child, please use the back of this paper to specify. **This confidential information will enable us to best meet his or her needs.**

Are you a member of this synagogue? Yes No

OFFICE USE ONLY:

Book Fee Date: ___/___/___ Check # _____ Amount \$ _____
Parents Council Date: ___/___/___ Check # _____ Amount \$ _____ Class _____
Participation Fee Date: ___/___/___ Check # _____ Amount \$ _____ Assignment: _____

Paid with: _____