



# Religious School Registration

Student's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Student Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Mother's Name: \_\_\_\_\_ Mother's Hebrew Name: \_\_\_\_\_  
(Please Include Mother's Parents' Hebrew Names)  
Father's Name: \_\_\_\_\_ Father's Hebrew Name: \_\_\_\_\_  
(Please Include Mother's Parents' Hebrew Names)  
Mother's Contact Phone: \_\_\_\_\_ Father's Contact Phone: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_  
Religious School Grade as of 09/2011: \_\_\_\_\_  
Public School Name: \_\_\_\_\_ Grade as of 09/2011: \_\_\_\_\_

• Note:

If either parent has a different home address or home phone number than the student's, please provide that information here: \_\_\_\_\_

• Media Consent: Photos of student activities are often taken during programs. Submission of this form, unless otherwise indicated, grants us permission to use photos of your child for media coverage or other printed matter. If you do **NOT** want your child's picture to be used, please check the box below.

I do not want my child's picture to be used.

Does your child have any special learning or medical problems of which we should be aware? If so, please explain: \_\_\_\_\_

**\$50 REGISTRATION FEE (PER FAMILY). AFTER JUNE 1ST, 2012 THE REGISTRATION FEE WILL INCREASE TO \$90 PER FAMILY. Registration fee is non-refundable.**

Please charge my (our) credit card on file with the GRJC for \$\_\_\_\_\_, upon receipt of this signed registration form.

If first-time credit card user, please provide card information below:

Name on Credit Card \_\_\_\_\_ Card Type \_\_\_\_\_  
(AMEX, VISA, Mastercard, etc.)

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please check mark here if you are interested in being a class parent.

• Parent's Signature Registering Child: \_\_\_\_\_ Date: \_\_\_\_\_