

GLEN ROCK JEWISH CENTER RELIGIOUS SCHOOL REGISTRATION

Student's Name:

Hebrew Name:

Home Address:

Family Phone:

**Student Date
of Birth:**

Gender:

Mother's Name:

Mother's Hebrew Name:
(Please Include Mother's Parents' Hebrew
Names)

Father's Name:

Father's Hebrew Name:
(Please Include Father's Parents' Hebrew
Names)

**Mother's Best
Contact Phone:**

**Father's Best Contact
Phone:**

Mother's Email:

Fathers Email:

**Religious School
Grade as of 09/09:**

**Public School Name and
Grade as of 09/09:**

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 2009 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, 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:** _____

Category Name