

TEMPLE SINAI RELIGIOUS SCHOOL & MID-WEEK HEBREW
 6227 ST. CHARLES AVENUE, NEW ORLEANS, LA 70118

REGISTRATION FORM 2010-2011

1. _____
 Last First Middle

 Child's Address (Street, City, Zip) Child's Hebrew Name

 Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

2. _____
 Last First Middle

 Child's Address (Street, City, Zip) Child's Hebrew Name

 Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

3. _____
 Last First Middle

 Child's Address (Street, City, Zip) Child's Hebrew Name

 Sex Date of Birth Secular School in Fall Grade R.S. Grade Check if New Student

PARENTS: (If parents' addresses are different, please list both)

PARENT 1 (married, divorced, single, deceased)

PARENT 2 (married, divorced, single, deceased)

 Name

 Name

 Address

 Address

 City, State, Zip

 City, State, Zip

 Home Phone

 Work Phone

 Home Phone

 Work Phone

 Cell Phone

 Cell Phone

 Email

 Email

Send Mail to: ___ Parent 1 ___ Parent 2 ___ Both ___ Other

RESPONSIBLE PARTY OR GUARDIAN:

Name Address Phone

IN AN EMERGENCY, AND PARENTS CANNOT BE REACHED, PLEASE CALL:

1. _____
Name Phone

2. _____
Name Phone

PERSONAL INFORMATION

(Does your child have any physical or emotional needs, such as severe allergies, asthma, a reading disability, etc.? Is your child taking any medications? If so, please list):

MID-WEEK HEBREW INFORMATION (incoming grades 3-7):

Is your child a returning student? _____ Bar/Bat Mitzvah Date _____ Student Name _____

Is your child a returning student? _____ Bar/Bat Mitzvah Date _____ Student Name _____

PERMISSION FOR FIELD TRIPS:

(I hereby give permission for my child/children to attend authorized field trips during the school year):

Parent Signature _____

REGISTRATION FEES

Number of Students ____ Religious School \$340 Total ____ Amount Paid ____

Number of Students ____ Mid-Week Hebrew \$360 Total ____ Amount Paid ____

Number of Students ____ NFTY Youth Group (Grades 9-12) \$50 Total ____ Amount Paid ____

Total Paid ____

Manner of Payment: Visa ____ MasterCard ____ Check ____

Credit Card Number Expiration Date Name as it appears on Card

PLEASE RETURN BY AUGUST 16, 2010

OFFICE USE ONLY

Date _____ Check Number _____ Amount Paid _____