

REGISTRATION FORM 2017-2018

Lake Success Jewish Center Hebrew School
354 Lakeville Road – Great Neck, New York 11020
Phone - 516-466-0569 Fax - 516-466-7038
Web Site – www.lakesuccessjc.org

Please complete one form for each child you enroll.

Child's Name _____ Hebrew Name _____

Birth Date _____ Age _____

Public School _____ Grade in September _____

Parent's Names _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

THIS SECTION MUST BE COMPLETED

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

Emergency Medical Consent Form: I _____, the undersigned, the parent or legal guardian of the child named on this registration form, do hereby give authorization for professional medical personnel to provide emergency medical treatment in the event that neither parent (guardian) can be contacted for such permission.

Signature _____ Date _____

FEE SCHEDULE FOR 2017-2018

Mechinah (under 7)	\$125.00
Gozaleem (ages 7-10)	\$300.00
Dalet/Hay (ages 11-12)	\$500.00

Hebrew School Fees are due prior to the start of classes.

No student will be permitted to attend class unless all fees are paid.

I, _____, agree to pay all required fees and charges prior to the start of Hebrew School classes for the 2017-2018 school year. I understand that failure to pay all financial obligations may jeopardize my student's participation in class.

For Office Use
Tuition+ Materials _____

Signature _____ Date _____

Paid _____ Date _____
Paid _____ Date _____