

Lake Success Jewish Center Hebrew School

354 Lakeville Road – Great Neck, New York 11020

Phone - 516-466-0569 Fax - 516-466-7038

www.lakesuccessjc.org

REGISTRATION FORM 2018-2019

Please complete one form for each child you enroll.

Child's Name _____ Hebrew Name _____

Birth Date _____ Age _____

Public School _____ Grade in September _____

Address _____

Parent #1: Name _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

Parent #2: Name _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

THIS SECTION MUST BE COMPLETED

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

PHYSICIAN'S NAME _____ PHONE _____

Emergency Medical Consent:

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 2018-2019

▶ **Mechina** – ages 6-7 – Wednesdays @ 4:30-6 PM **\$125**

▶ **Gozaleem** – ages 8-10 – Wednesdays @ 4:15-6:15 PM **\$300**

*We will be dividing the Gozaleem into two groups,
based on age and Hebrew reading experience.*

▶ **Pre-Bar/Bat Mitzvah** – ages 11-12 – Wednesdays @ 4:15-6:15 PM **\$300**

This class in formation. Contact us for details.

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

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

Pay via check made out to Lake Success Jewish Center
or via credit card at www.lakesuccessjc.org/donate

I, _____, agree to pay all required fees and charges prior to the start of Hebrew School classes for the 2018-2019 school year. I understand that failure to pay all financial obligations may jeopardize my student's participation in class.

Signature _____ Date _____

For Office Use: Tuition+ Materials: _____ Paid _____ Date _____ / Paid _____ Date _____