

# Congregation Ohav Sholom Hebrew School

School Office 516-377-8892



THE MERRICK – BELLMORE SYNAGOGUE  
145 SOUTH MERRICK AVENUE  
MERRICK, NEW YORK 11566  
Office 516-378-1988

## APPLICATION FOR HEBREW SCHOOL REGISTRATION FOR THE SCHOOL YEAR 2008/2009

Child's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Public School Grade as of 9/08 \_\_\_\_\_ Public School \_\_\_\_\_

Hebrew School Grade: K'Ton-ton ( ) Mechina ( ) Alef ( ) Bet ( ) Gimmel ( )  
Dalet ( ) Hay ( ) Vov ( )

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father Born Jewish \_\_\_\_\_ Converted \_\_\_\_\_ Mother Born Jewish \_\_\_\_\_ Converted \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Are there any special learning needs the school should be aware of: \_\_\_\_\_

Are there any medical or personal needs the school should be aware of? \_\_\_\_\_

Would you be interested in being a class parent? \_\_\_\_\_

In case of an emergency please contact:

Name	Phone	Relationship
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1. \_\_\_\_\_

2. \_\_\_\_\_

Name & Phone number of child's physician: \_\_\_\_\_

In the event of a medical emergency, if I cannot be reached, or my emergency contact listed above cannot be reached, Congregation Ohav Sholom has my permission to obtain Medical Treatment for my child by a physician the synagogue has on call.

\_\_\_\_\_  
Signature of Parent/Guardian Date

The following people may also be interested in the Congregation Ohav Sholom Hebrew School:

NAME/AGE	ADDRESS	PHONE
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**All Dues from previous year(s) must be paid in full prior to registration.**