



Brighton Hebrew School

B"H

.....
Where Judaism Comes Alive!

F.R.E.E. of Brighton Beach ▪ 2901-2915 Brighton 6th Street, Brooklyn, NY 11235
Tel: 718-368-4490 ▪ E-mail: brightonhebrewschool@gmail.com ▪ Website: www.BrightonHebrewSchool.com

Registration Form 2019-2020

Student Information:

First Name _____ Hebrew Name _____ Last Name _____

Home Address _____ City/State _____ Zip _____

Home Phone _____ School Attending _____

Grade entering in Sept. 2018 _____ / ____ / ____
Date of Birth _____ Time of Birth (a.m./p.m.) _____

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in the child's family? Yes No

If yes, please explain: _____

Has your child had any previous Hebrew education? Yes No

If yes, where? _____

Does your child read basic Hebrew? Yes No

Parent Information:

Mother _____ Hebrew Name _____

Cell Phone _____ Email _____

Father _____ Hebrew Name _____

Cell Phone _____ Email _____

The best way to reach you: Mom's Cell Dad's Cell Other: _____

Parents' relationship status: Married Divorced Separated

Are there any other special familial circumstances? _____



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Medical Information

Child's Name:

First Last Date of Birth

Father's Name:

First Last Cell Phone

Mother's Name:

First Last Cell Phone

Doctor's Name:

First Last Phone

Doctor's Address:

Street/Suite City Zip

Medical Coverage:

Insurance Company Policy Number

Allergies:

If any, please list

Medical Conditions:

If any, please explain

Persons to be contacted in case of an emergency when parents cannot be reached:

Name Phone Relationship to child

Name Phone Relationship to child

Permission for Emergency Medical Treatment:

As the parent or legal guardian of _____, I authorize any adult acting on behalf of the Brighton Hebrew School to take whatever medical measures they deem necessary for my child in the event of a medical emergency. I further agree to pay for all charges for that care and/or treatment. It is understood that, if time and circumstances reasonably permit, Brighton Hebrew School will try to communicate with me prior to such treatment.

Signature of Parent or Legal Guardian

Date



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Tuition Information

The following document is a tuition agreement for the F.R.E.E. Hebrew School. The agreement explains the tuition fees and payments plans. Please read it through carefully and sign it on the signature line below. A limited number of scholarships are available upon request; *no child will be turned away for lack of funds.*

Tuition for a Hebrew School year is **\$550**.

We offer a \$50 discount on the tuition of each additional child in the family.

This fee does not include extra curricular activities such as trips.

I agree to pay \$_____ for the school year.

Method of Payment: Credit Card Check or Cash

Payment Options - *Please choose one of the following tuition options:*

- Option 1:** Prepayment in full by 10/6/2019
- Option 2:** Pay in 2 payments – 10/6/19 and 2/9/20
- Option 3:** Pay in 3 payments – 10/6/19 and 2/9/20 and 5/10/20

Name	Signature	Date
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Director's signature	Date
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Credit Card Information:

Name on Credit Card	Credit Card Number	Expiration Date	Security #
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Note: If there are reasons you cannot commit to one of the above options, please contact our office to arrange a personal payment plan.

FOR OFFICE USE ONLY	
Payment Amount: \$ _____	Date Received: _____
Payment Amount: \$ _____	Date Received: _____
Payment Amount: \$ _____	Date Received: _____



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Parental Release

Name of child/ren: _____

Field Trip/Activity Permission Slip

I give permission for my child to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Brighton Hebrew School. No additional permission slip will be required throughout the year.

Pictures/Video

I allow pictures or video of my child to be used for Brighton Hebrew School – F.R.E.E. of Brighton Beach advertisement, website or brochure.

Signature of Parent: _____

Date: _____