

**Freehold Jewish Center
Registration 2009-2010 5769-5770**

I am registering my child for Please circle: **Hebrew School** **Hebrew High School**

PERSONAL AND CONFIDENTIAL

Student's Name (Last name first) _____	Hebrew Name _____
School _____ Grade (as of 9/09) _____	Age _____ Date of Birth _____
Father's Name _____	Mother's Name _____
Child resides with: Mother Father Other	Home Phone _____
Street Address _____	City _____
State _____	Zip _____
Mother's Business Phone _____	Father's Business Phone _____
Email address _____ Cell phone _____	Emergency Phone _____
Emergency Contact _____ Relationship to student _____	Emergency Contact _____ Relationship to student _____

Please inform us of any special health/medical circumstances (such as allergies, medications, or disabilities) that we should know about your child. (Medication requires a physician's note.)

If your child attended a religious school other than the Freehold Jewish Center last year, please provide the information:

(Over)

If your child has any special educational needs, please contact Ann Ruth Nimberg for an appointment.

I am willing to volunteer in the Hebrew School:

- Carpool
- FHSA (PTO)
- Class Parent
- Special Programs/Activities
- Other