



Mailing Address • 218 Charlann Circle • Cherry Hill, NJ 08003
 908.770.8248 • HebrewSchool@TorahLinks.org

Classes: Sundays 9:30 AM – 12:00 PM
 At The Krupnick Family Torah Links Center
 1092 Springdale Road, Cherry Hill, NJ

The Shuster Family Hebrew School Registration Form 2018-2019

Date / /

How did you hear about our Hebrew School? Friend Newspaper Postcard Magazine
 Other

Child's Information

Last Name	First Name	Hebrew Name
Address		
City	State	Zip
Home Phone	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female

Educational Information

Primary School _____ Grade Entering in September _____

Previous Jewish Education
 Does not read Hebrew Can recognize Hebrew Letters Reads Slowly Reads Fluently

How would you describe your child's personality?

What are his/her academic strengths? (What are his/her favorite subjects?)

What extra curricular activities does he/she like to do? What are his/her interests?

What should we know about your child to effectively teach him/her?

Does your child require remedial assistance? Yes No If yes, please explain

What are your goals for your child in Hebrew School? (Reading Hebrew, Holidays, etc.)



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Family Information

Father's Name Hebrew Name

Address

City State Zip

Home Phone Cell Phone

Email Occupation

Marital Status Married Separated Divorced Other

Mother's Name Hebrew Name

Address

City State Zip

Home Phone Cell Phone

Email Occupation

Marital Status Married Separated Divorced Other

Were there any conversions or adoptions in you family? Yes No If yes, please explain

Are the natural parents of the child Jewish? Father Mother Both

Sibling Information

Child's Name Age Male Female

Child's Name Age Male Female

Paternal Grandparents Name

Address

City State Zip

Home Phone Email

Maternal Grandparents Name

Address

City State Zip

Home Phone Email

Do you have any friends who would be interested in our Hebrew School? Yes No

Name Phone

Name Phone



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Emergency Medical Release Information

I (we) hereby give consent to the Director of the Hebrew School, or person designated, to make available to my child [redacted] professional emergency medical care when such care is indicated. It is understood that a conscientious effort will be made to notify me or [redacted] before action is taken. It is further understood that every effort will be made to contact my child's physician prior to any treatment. However, in the event that this is not possible, I give permission for my child to receive proper medical care by any doctor, nurse, paramedic, or member of a medical staff of a hospital licensed by the State of New York, New Jersey or Pennsylvania. This is to certify that my child is in good physical health. He/she has permission to participate in all activities that are part of the Hebrew School program.

Parent's Signature	Date	/	/
Name of Doctor	Doctor's Phone		

Medical Information

Is there any special medical information regarding your child, of which our school should be made aware? Allergy Hearing Problem Vision Problem Asthma Other

Please explain

Does your child take any medication? If yes, please list medications

Emergency Contact Information

1. Last Name	First Name	Relationship
Address		
City	State	Zip
Home #	Cell	Office

2. Last Name	First Name	Relationship
Address		
City	State	Zip
Home #	Cell	Office



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Tuition Information

Tuition for the 2018-2019 academic year is \$550 (includes registration & supplies fees).

Payment Schedule:

\$150 due upon Registration.

The balance is payable over the course of the year. Please indicate desired payment option:

- **Option 1** \$50 discount if entire tuition is paid upon registration. Total tuition: \$500.
- **Option 2** \$25 discount if tuition is paid in two installments: \$200 due before November 15, 2018; \$175 due before January 15, 2019. Total tuition: \$525.
- **Option 3** \$400 balance to be paid in 4 installments: \$100 due October 15, 2018, \$100 due December 15, 2018, \$100 due February 15, 2019, \$100 due April 15, 2019.
Please provide four post-dated checks or credit card information.

Tuition Discounts

Multiple children: \$50 discount on tuition of second child.

Referral: \$100 discount on one tuition.

Synagogue membership is not required.
 Scholarships available.

Payment Method

- **Check** Please make checks payable to: **Torah Links of South Jersey**
- **Credit Card** Please provide credit card information

Name as it appears on card Visa MasterCard

Card # Expiration Date / /

Signature Charge Amount \$

Parent/Guardians Signature Date / /

Please mail completed application along with payment to:

Torah Links of South Jersey
 C/o Rabbi Yisroel Tzvi Serebrowski
 218 Charlann Circle, Cherry Hill, NJ 08003