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**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 2019-2020**

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	
<input type="checkbox"/> Does not read Hebrew <input type="checkbox"/> Can recognize Hebrew Letters <input type="checkbox"/> Reads Slowly <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

<b>Father's Name</b>	Hebrew Name	
Address		
City	State	Zip
Home Phone	Cell Phone	
Email	Occupation	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		

<b>Mother's Name</b>	Hebrew Name	
Address		
City	State	Zip
Home Phone	Cell Phone	
Email	Occupation	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> 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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's Name	Age	<input type="checkbox"/> Male	<input type="checkbox"/> Female

<b>Paternal Grandparents Name</b>		
Address		
City	State	Zip
Home Phone	Email	

<b>Maternal Grandparents Name</b>		
Address		
City	State	Zip
Home Phone	Email	

Do you have any friends who would be interested in our Hebrew School? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2019-2020 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, 2019; \$175 due before January 15, 2020. Total tuition: \$525.
- ☐ **Option 3** \$400 balance to be paid in 4 installments: \$100 due October 15, 2019, \$100 due December 15, 2019, \$100 due February 15, 2020, \$100 due April 15, 2020.  
**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	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card #	Expiration Date	/ /
Signature	Charge Amount \$	

Parent/Guardians Signature	Date	/	/
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**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**