

**Perrineville Jewish Center
P.O. Box 308
Perrineville, NJ 08535
732-446-6018**

Hebrew School Application

(All information will be kept confidential)

APPLICANT'S LAST NAME _____ FIRST _____ MI _____ DOB _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE# _____ Cell # _____ EMAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____
HEBREW _____ HEBREW _____
CHILD'S HEBREW NAME _____ MAIDEN NAME _____

FATHER'S OCCUPATION _____
EMPLOYER _____
PHONE# _____
MOTHER'S OCCUPATION _____
EMPLOYER _____
PHONE# _____

PUBLIC SCHOOL WILL ATTEND THIS YEAR _____ GRADE _____
PREVIOUS HEBREW EDUCATION _____
LIST ANY MEDICAL OR LEARNING PROBLEMS _____

IN CASE OF EMERGENCY WHEN PARENTS CANNOT BE REACHED PLEASE CONTACT:
NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE# _____

In registering our child for Hebrew School we will abide by all the rules and regulations of the
Perrineville Jewish Center

Signature _____ Date _____

COMPLETED APPLICATION MUST BE ACCOMPANIED BY A \$ 100.00 REGISTRATION FEE.
50% PAYMENT MUST BE RECEIVED BY AUGUST 31. BALANCE MUST BE PAID BY DECEMBER 15.
COST OF HEBREW SCHOOL = FIRST CHILD - \$700, 2ND AND 3RD CHILD - \$650 EACH.