



Rabbi Steven Heneson Moskowitz
 Talya Smilowitz, Cantorial Soloist
 Kim Bertash, Education Director/Office Manager
 Lisa Weiner, President

RELIGIOUS SCHOOL SCHEDULE 2017-2018

K-2nd Grade:	Meets throughout the year
3rd Grade:	Monday 4:00 - 6:00pm
4th Grade:	Thursday 4:00 - 6:00pm
5th Grade:	Thursday 4:00 - 6:00pm
6th Grade:	Monday 6:15 - 8:15pm
7th Grade:	Thursday 6:15 - 8:15pm
8th - 10th Grade Confirmation:	Meets throughout the year

CLASSROOM PLACEMENT REQUEST:

Please list each of your children's names, their grades, and three names of the classmates they would like to be placed with for the 2017-2018 Religious School year.

We can't guarantee that your child will be placed in a class with all of his/her friends, but will accommodate at least one requested friend to ensure that your child will be comfortable, happy and able to reach his/her learning potential.

As soon as the placement request and registration forms are returned to this office, every effort will be made to honor your child's first request. Thank you.

CHILD'S NAME	GRADE, AGE	CLASSMATES REQUESTED:

YES ___ Please contact me about volunteering for the Religious School



RELIGIOUS SCHOOL REGISTRATION FORM 2017-2018

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

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CHILD 1 INFORMATION

Registering for: K 1 2 3 4 5 6 7 Confirmation: 8 9 10

Full Name: _____ Gender: _____ M _____ F

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2017) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns _____

**Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older**

CHILD 2 INFORMATION

Registering for: K 1 2 3 4 5 6 7 Confirmation: 8 9 10

Full Name: _____ Gender: _____ M _____ F

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2017) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns _____

**Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older**



RELIGIOUS SCHOOL REGISTRATION FORM 2017-2018

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CHILD 3 INFORMATION

Registering for: K 1 2 3 4 5 6 7 or Confirmation: 8 9 10

Full Name: _____ Gender: M F Ad-
dress: _____

Birth Date: / / Age: Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2017) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns _____

Bar/Bat Mitzvah Date (if assigned) / /
Only applies if your child is in 5th grade or older.

CHILD 4 INFORMATION

Registering for: K 1 2 3 4 5 6 7 or Confirmation: 8 9 10

Full Name: _____ Gender: M F Ad-
dress: _____

Birth Date: / / Age: Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2017) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns _____

Bar/Bat Mitzvah Date (if assigned) / /
Only applies if your child is in 5th grade or older.