



Rabbi Steven Heneson Moskowitz
 Talya Smilowitz, Cantorial Soloist
 Kim Bertash, Education Director
 Bruce Cohen • Josh Werber, Co-Presidents



366 North Broadway • Suite 202
 Jericho, New York 11753
 Phone (516) 470-1700
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Jewish Congregation of Brookville

RELIGIOUS SCHOOL SCHEDULE 2011-2012

3rd Grade:	Monday, 4 - 6pm
4th Grade:	Thursday, 4 - 6pm
5th Grade:	Tuesday, 4 - 6pm
6th Grade:	Monday, 6:15 - 8:15pm
7th Grade:	Thursday, 6:15 - 8:15pm
8th - 10th Grade Confirmation:	Third Wednesday of each month, 7 - 8:30pm
Kindergarten to 2nd grade:	Monday's 4:00 - 5:00pm: October 17, December 12, March 5, April 2

*Unless otherwise noted,
 All classes meet in the Brookville Reformed Church's Fellowship Hall*

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 2011-2012 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 your child's completed Religious School Registration form and placement requests are returned to this office, every effort will be made to honor your child's first request. Thank you.

CHILD'S NAME	GRADE	CLASSMATES REQUESTED:
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES, Please contact me about volunteering for the Religious School
 Please return tear-off with your Religious School Registration Form



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**RELIGIOUS SCHOOL
REGISTRATION FORM 2011-2012**
PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

PARENT(S) LAST NAME: _____

PARENT(S) FIRST NAME(S): _____ & _____

CHILD 1 INFORMATION - Registering for ___K-2___ Gr. 3-7 ___Confirmation Class

Full Name: _____ Gender: ___M___ ___F___

Address: _____

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

School District: _____ Child's Grade (as of Sept. 2011) _____

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: _____

Carpool Arrangements:

Interests: _____ *Bar/Bat Mitzvah Date (if assigned) _____

Any special concerns regard this child? _____

CHILD 2 INFORMATION - Registering for ___K-2___ Gr. 3-7 ___Confirmation Class

Full Name: _____ Gender: ___M___ ___F___

Address: _____

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

School District: _____ Child's Grade (as of Sept. 2011) _____

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: _____

Carpool Arrangements:

Interests: _____ *Bar/Bat Mitzvah Date (if assigned) _____

Any special concerns regard this child? _____



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**RELIGIOUS SCHOOL
REGISTRATION FORM 2011-2012**

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

PARENT(S) LAST NAME: _____

PARENT(S) FIRST NAME(S):
_____ & _____

CHILD 3 INFORMATION - Registering for ___ K-2 ___ Gr. 3-7 ___ Confirmation Class

Full Name: _____ Gender: ___ M ___ F

Address: _____

Birth Date: ____ / ____ / ____ Hebrew Name: _____

School District: _____ Child's Grade (as of Sept. 2011) _____

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: _____

Carpool Arrangements:

Interests: _____ *Bar/Bat Mitzvah Date (if assigned) _____

Any special concerns regard this child? _____

CHILD 4 INFORMATION - Registering for ___ K-2 ___ Gr. 3-7 ___ Confirmation Class

Full Name: _____ Gender: ___ M ___ F

Address: _____

Birth Date: ____ / ____ / ____ Hebrew Name: _____

School District: _____ Child's Grade (as of Sept. 2011) _____

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: _____

Carpool Arrangements:

Interests: _____ *Bar/Bat Mitzvah Date (if assigned) _____

Any special concerns regard this child? _____