



Rabbi STEVEN HENESON MOSKOWITZ
 Talya Smilowitz, CANTORIAL SOLOIST
 Kim BERTASH, EDUCATION DIRECTOR
 MARIE PINDUS AND DEBBIE RECHLER,
 Co-PRESIDENTS



Jewish
 Congregation
 of Brookville

366 North Broadway
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RELIGIOUS SCHOOL REGISTRATION FORM 2009-2010

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

PARENT
 FIRST NAMES: _____ & _____

CHILD 1 INFORMATION — Registering for K-2 Gr.3-7 Confirmation Class

Full Name: _____ Gender: M F

Address _____

Birth Date: ____/____/____ Hebrew Name: _____
Month Day Year

School District: _____ Child's Grade (as of Sept. 2009) _____

Name of School: _____

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

Emergency Contact Information: Name Relationship Phone #

- | | | | | |
|----|-------|-------|-------|---|
| 1. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 2. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 3. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |

Allergies, please specify: _____

Medication, please specify: _____

Carpool arrangements: _____

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

Any special concerns regarding this child? _____

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

Full Name: _____ Gender: M F

Address _____

Birth Date: ____/____/____ Hebrew Name: _____
Month Day Year

School District: _____ Child's Grade (as of Sept. 2009) _____

Name of School: _____

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

Emergency Contact Information: Name Relationship Phone #

- | | | | | | | |
|-------------------------------------|--------------------------|----|-------|-------|-------|---|
| Check box if same as Child 1 | <input type="checkbox"/> | 1. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| | | 2. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| | | 3. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |

Allergies, please specify: _____

Medication, please specify: _____

Carpool arrangements: _____

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

Any special concerns regarding this child? _____

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

Full Name: _____ Gender: M F

Address _____

Birth Date: _____ / _____ / _____ Hebrew Name: _____
Month Day Year

Name of School: _____ Child's Grade (as of Sept. 2009) _____

School Address: _____

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

Emergency Contact Information: Name Relationship Phone #

- | | | | | |
|----|-------|-------|-------|---|
| 1. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 2. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 3. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |

Allergies, please specify: _____

Medication, please specify: _____

Carpool arrangements:

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

Any special concerns regarding this child? _____

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

Full Name: _____ Gender: M F

Address _____

Birth Date: _____ / _____ / _____ Hebrew Name: _____
Month Day Year

Name of School: _____ Child's Grade (as of Sept. 2009) _____

School Address: _____

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

Emergency Contact Information: Name Relationship Phone #

- | | | | | |
|----|-------|-------|-------|---|
| 1. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 2. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |
| 3. | _____ | _____ | _____ | <input type="checkbox"/> cell <input type="checkbox"/> home |

Allergies, please specify: _____

Medication, please specify: _____

Carpool arrangements:

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

Any special concerns regarding this child? _____

Are there any special family circumstances we should be aware of: _____

***Only applies if your child is in 5th Grade or older**

JCB

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RELIGIOUS SCHOOL SCHEDULE 2009-2010

K-2nd Grade:

Third Wednesday

each month, 4-5pm

of

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

Third Wednesday of

Confirmation:

each month, 7-8:30pm

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 2009-2010 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 CLASSMATE REQUESTS

_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____
_____ /	_____	_____	_____

YES, Please contact me about volunteering for the Religious School

Please return tear-off with your Religious School Registration Form