



CST Hebrew School--Registration 2017-2018

Sundays 11:15-12:30pm

Wednesdays 6:30-8pm

Use ONE form PER FAMILY

Parent Information—Child resides with (Circle one):

Both Parents/Guardians / One Parent/Guardian

Parent/Guardian 1: Please Print

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent/Guardian 2: (Need address and phone if different) Please Print

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

PLEASE INDICATE GRADE LEVEL FOR 2017-2018 SCHOOL YEAR.

1. Child's Name _____

Birth Date _____ Gender M F Grade _____

Secular School _____

Hebrew Name _____

Rides BJE Bus on Sunday morning Y N

2. Child's Name _____

Birth Date _____ Gender M F Grade _____

Secular School _____

Hebrew Name _____

Rides BJE Bus on Sunday morning Y N

3. Child's Name _____

Birth Date _____ Gender M F Grade _____

Secular School _____

Hebrew Name _____

Rides BJE Bus on Sunday morning Y N

4. Child's Name _____

Birth Date _____ Gender M F Grade _____

Secular School _____

Hebrew Name _____

Rides BJE Bus on Sunday morning Y N