

UNITED JEWISH COMMUNITY HEBREW SCHOOL

PLEASE INDICATE CHILD'S CLASS:

- 3-7 Grade Program (Tu & Th) - Newport News
 3-7 Grade Program (Wed.) - Williamsburg
 1-2 Grade Program (Thurs.) - Newport News

REGISTRATION FORM

Child's Name	Date of Birth (m/d/y)	Age	Sex
Child's Hebrew Name	Secular School	Grade	
Home Address	Home Phone		
Parent's Name (1):	Parent's Name (2):		
Phone (Home) (Work) (Cell)	Phone (Home) (Work) (Cell)		
Address	Address		
City Zip	City Zip		
E-mail	E-mail		
CHILD LIVES WITH: ___ PARENT 1 ___ PARENT 2 ___ BOTH ___ OTHER:	Synagogue Affiliation		
MEDICAL OR CUSTODY CONCERNS (KEPT STRICTLY CONFIDENTIAL): ___ NOT APPLICABLE ___ YES:			
In case of an Emergency, please contact (name):	Relationship	Address	Phone

Please Return Form with a \$100 Non-refundable Deposit by September 11 th.

Method of Payment: Cash Check Credit Card: Type: _____

Card # _____

Mail to: UJC Hebrew School
2700 Spring Road
Newport News, VA 23606

Exp. Date _____

Signature _____

Office Use Only

Date Received _____

Tuition Plan: \$ _____

\$ _____

Balance Due: \$ _____

3-7 Program - Newport News

3-7 Program - Williamsburg

1-2 Program