

THE BROTHERHOOD SYNAGOGUE  
HEBREW SCHOOL REGISTRATION FORM  
2011-2012 (5772)

28 Gramercy Park South  
New York, NY 10003

School Phone: (212) 674-5750 ext.210

Email: [brotherhoodsynagoguehebrewschool@yahoo.com](mailto:brotherhoodsynagoguehebrewschool@yahoo.com)

Web Site: [www.brotherhoodsynagogue.org](http://www.brotherhoodsynagogue.org)

Please fill out this form (one per student) as accurately as possible.  
Fill in each and all blank spaces; it is **all** extremely important information.

**Student Information**

Child's First Name:
Child's Last Name:
Child's Hebrew Name:
Birth Date:
Name of Secular School:
Secular & Hebrew School Grade in 2011-2012:
Gender:
Home Phone:
Child's Email (7 <sup>th</sup> grade-12 <sup>th</sup> only)
Name of Person(s) who will pick up my child(ren) from Hebrew School:
My child has permission to walk home alone (Yes/No):
Emergency Contact ( <b>other than parents</b> ) Name and Phone #:

**Family Information**

**Parent/Guardian 1:**

Name (First, Last):
Phone Numbers: (h): _____ (w): _____ (cell): _____
Address:
City, State, Zip:
<b>E-Mail Address:</b>

**Parent/Guardian 2:**

Name (First, Last):
Phone Numbers: (h): _____ (w): _____ (cell): _____
Address:
City, State, Zip:
<b>E-Mail Address*:</b> _____ frequently checked: yes _____ no _____

\* Please note that most school communication will be sent by email. We invite you to help us by checking your email frequently. Please update us when your email address changes.

Names of siblings:	Dates of birth:
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For office use only:

Computer entry:                      Date: \_\_\_\_\_                      Code: \_\_\_\_\_                      Batch  
#: \_\_\_\_\_  
Member #: \_\_\_\_\_                      Amount Rec'd \_\_\_\_\_                      Initial: \_\_\_\_\_

The following information will help the Brotherhood Hebrew School be more sensitive to your child's individual needs:


Are there any medical issues that may impact your child during school hours? (For example, food allergies)


Is your child currently taking any medication? Please explain.


Does your child have any special learning issues? Please explain.


I would like to volunteer for the following opportunities:

Class Parent \_\_\_\_\_ Book Fair \_\_\_\_\_ Chanukah Celebration \_\_\_\_\_ Schools Benefit \_\_\_\_\_  
Sukkah Decorating \_\_\_\_\_ Purim Carnival \_\_\_\_\_ First Day of School \_\_\_\_\_

I authorize the Brotherhood Synagogue Hebrew School to share my contact information with other Brotherhood Synagogue Hebrew School families.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date