

would like to sign up my child for the			school year
Child's Name:			
(Last)	(First)	(Middle)	(Hebrew)
Date of Birth:		Hebrew Birthday:	
Father's Name:		Mother's Name:	
Address:			
City:		State:	Zip:
Home Phone:		Business Phone:	
Father Cell:		Mother Cell:	
E-mail for School Commu	nications: 1		
	2		
Emergency Contact 1:	(Name)	(Phone Number)	 (Relation)
Emergency Contact 2:			,
<u> </u>	(Name)		(Relation)
Return signed regis	tration form along	g with a \$100 non-refundab	ole registration fee.
	For O	ffice Use Only:	
Date Submitted	Payme	ent Type Sta	rt Date
W	le Specialize	in Happy Childre	n!