

**The Jewish Center of Sussex County**

13 Washington Street

Newton, NJ 07860

Phone: 973-383-4570

**2007 – 2008 Religious School Registration Form**

**1. ABOUT YOUR CHILD**

a. Child's Name: \_\_\_\_\_

b. Child's Full Hebrew Name: \_\_\_\_\_

c. Child's Birthday: \_\_\_\_\_

d. Child's e-mail (if different from Mom/Dad): \_\_\_\_\_

e. Public school child is attending and grade in school: \_\_\_\_\_

f. Grade in Religious school for the 2006 – 2007 school year (last year) : \_\_\_\_\_

g. Is your child new to our Religious School? \_\_\_\_\_  
If yes, please describe previous religious education. If none, then state none.

h. Does your child have any of the following? Please specify.

Special Learning Situations:

Special Health Conditions:

Other:

**2. ABOUT YOUR FAMILY**

a. Home Address: \_\_\_\_\_

b. Home Telephone Number: \_\_\_\_\_

c. In the case of an emergency and we can not reach either parent, we should call:

Weekend – name: \_\_\_\_\_ Phone: \_\_\_\_\_

Weekday – name: \_\_\_\_\_ Phone: \_\_\_\_\_

d. If there are any special living arrangements for the children of which we should be aware, please note them here:

e. Is there anybody living in the house who is not Jewish? If so, who?

f. Siblings less than 13 years old - names and ages:

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

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**3. ABOUT PARENTS**

a. Mother's Name: \_\_\_\_\_

e-mail: \_\_\_\_\_ Business/cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

If mother is not Jewish, has the child had a formal conversion (gone to a Mikvah, and, if male, had a bris? \_\_\_\_\_

b. Father's Name: \_\_\_\_\_

e-mail: \_\_\_\_\_ Business/cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

c. Would you like to teach Religious School? \_\_\_\_\_

d. Would you be willing to be a substitute teacher? \_\_\_\_\_

If yes, please circle all that apply:

- i. Grades K-2 (Sunday School)
- ii. Grades 3-6 (Sunday School)
- iii. Grades 3-6 (Mid-week Hebrew School)

**4. PARENT VOLUNTEER ASSIGNMENTS**

- Volunteer Assignments that we need to fill (please select at least one)

- Director of one of the four parties:  
(Hanukkah Party, Tu B'Shvat Seder, Purim Carnival, Model Seder)
- Party Helper (e.g. shopping, set-up, clean up)
- Chaperone for the class trip / class trip coordinator
- Class Parent
- Student Service coordinator
- Education Committee Member

\_\_\_\_\_  
Parent's name (please print)

\_\_\_\_\_  
Parent's signature