



BETH SHALOM

בית שלום

A strong, vibrant community with a spiritual heart embracing Jewish life and its diversity

Beth Shalom Hebrew School Registration Form for 2020

* Required

1. Email address *

2. Student family name *

3. Student first Name *

4. Date of birth *

5. Year at school for 2020 *

6. Parents' Name: *

7. Mobile Number *

8. Home number *

9 Address: *

10. If they have previously attended Hebrew School, which class were they in last year?

11. For how long? (full year, term #)

12. Does your family speak Hebrew?

Mark only one oval.

Yes or No

14. Is your child going to Kadimah? No

Mark only one oval.

Yes

No

15. Are you members of: *

Mark only one oval.

Beth Shalom

AHC

None

16. Main contact person

Check all that apply.

Mother

Father

Other:

17. **PARENTS:** Please list your top three preferred dates for helping with morning tea. This information will be sent to the morning tea co-ordinator who will arrange a roster. We thank you in advance for your help.

18. Ways I can contribute to Hebrew school (a special skill, speciality...)

Teaching, mentoring, morning tea duty, security cover, admin assistance

Hebrew School Terms 1-4. for the year 2020

Term 1, 16 February to 5 April

Term 2, 3 May to 28 June

Term 3, 26 July to 13 September

Term 4, 18 October to 13 December

Beth Shalom Hebrew School costs \$300 per child for members and \$500 per child for non-members. Please arrange payment with the office Mon/Wed/Thu/Fri 7.30am-12:30pm. [09-524 4139](tel:09-524-4139) for credit card or bank transfer. You can either pay in advance or arrange a payment schedule.

19. Medical information

The more information we have, the better we can support your child. Does your child need support with any of the following.

Check all that apply.

- Medication
- Dietary
- Social interaction
- Learning challenges
- Other:

20. Any other information about your child or family you would like to share with us.

[SUBMIT](#)