THE HAMPTON SYNAGOGUE
HEBREW SCHOOL
2010 – 2011

ENROLLMENT APPLICATION

Child's Name_____Hebrew Name_____
Last First Middle

Date of Birth___/___/___Sex_____ Special Talents_____

Address_____Zip_____Phone_____

Father's Name_____Business Phone_____
English / Hebrew

Mother's Name_____Business Phone_____
English / Hebrew

Email address _____

Occupation: Father's_____Mother's_____

Address of Parent (if different from child)_____

Child's Primary School / Grade (in September)_____

List Name, Age, and School of Brothers and Sisters:

First Name	Age	School
1._____		
2._____		
3._____		

TUITION: Kindergarten: $750.00 / Grades 1 – 7: $975.00

EMERGENCY TREATMENT: If at any time due to accident or illness emergency treatment is necessary, parents authorize the school to obtain required care from local physician, hospital, or emergency medical service. Parents will be notified as soon as possible under the circumstances.

Emergency Contact_____
Name Phone

Allergies and other relevant medical history: _____

_____ _____
Parent's Signature Date

Please complete and return this form with payment. Thank you.