



2225 N.E. 121st Street
North Miami, FL 33181
Phone: (305) 891-5508; Fax: (305) 893-8163
www.bethmoshe.com

HEBREW SCHOOL REGISTRATION FORM 2011-12/ 5772

Child's Name: _____ Hebrew Name: _____

Child's Email (optional): _____

Birthday: _____ Age: _____ Sex: M F

Address: _____ City/State/Zip: _____

Home Phone: _____ Email: _____

Secular School Attending: _____ Grade: _____

Parent Information:

Student lives with Both Parents Parent #1 Parent #2 Other: _____

Parent #1 Name: _____ Hebrew Name: _____

Work Number: _____ Cell Number: _____

Parent #2 Name: _____ Hebrew Name: _____

Work Number: _____ Cell Number: _____

Email: 1) _____ 2) _____

Synagogue currently affiliated with: _____

Emergency Information:

Allergies, special instructions, concerns: _____

I authorize medical emergency treatment – Parent Signature _____

Tuition:

\$575 - Beth Moshe Members

\$675 - Non Members

The Program:

Hebrew School is one day per week and attendance at 18 Friday or Saturday Shabbat Services is required.

Students of Bar/Bat Mitzvah age, are **expected** to attend Shabbat Services regularly, 6 months prior to their Bar/Bat Mitzvah.