



Jewish Education Center
of Anne Arundel County

Hebrew School Registration Form 2014-2015 (5775)

FAMILY NAME _____

<u>Students' names in English & Hebrew</u>	<u>Age as of 9/14</u>	<u>Grade in school</u>	<u>Secular school student attends</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Parent #1 _____ Name of Parent #2 _____

Address _____ City _____ Zip _____

Home phone _____

Do students live with both parents? _____ Same address? _____ If not, please give alternative address _____

Is Parent #1 Jewish? _____ Is Parent #2 Jewish? _____

Parent #1 cell phone _____ email address _____ Wk phone _____

Parent #2 cell phone _____ email address _____ Wk phone _____

Does any student listed above have any special needs that we should know about to help her/him be successful at JEC? If so, please explain

May student be photographed for school purposes only? _____

(We like to decorate our school walls with action pictures of our students)

TUITION RATES

Tuition for student in grades K – 3 **\$470**

Tuition for additional child in grades K – 3 **\$350**

Tuition for student in grades 4 – 7 **\$540**

Tuition for additional children in grades 4 – 7 **\$420**

Total tuition for all students listed above: _____

Check enclosed for \$_____.

JEWISH EDUCATION CENTER OF ANNE ARUNDEL COUNTY
STUDENT EMERGENCY CARD 2014-2015 (5775)

STUDENT'S full name _____

Address _____

Home Phone _____ Family email _____

Parent 1 _____ Parent 2 _____

Cell phone of Parent 1 _____ Cell phone of Parent 2 _____

PERSON TO CALL IN CASE OF EMERGENCY WHEN PARENTS ARE NOT AVAILABLE:

Name phone number relationship to child

Name phone number relationship to child

If parent cannot be located, permission is given for medical attention to be provided for the child.

Medical insurance Co _____ Policy number _____

Parent's Signature _____ Date _____

PLEASE COMPLETE THE ENIRE FORM

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