

BEACH HEBREW INSTITUTE

HEBREW SCHOOL REGISTRATION FORM

5774 2013-2014

PLEASE PRINT Student's name:.....

Hebrew name:.....

Date of birth:..... Age:.....

Address:
.....

Telephone: a) Primary..... b)
Secondary.....

E-mail:

Parent/Guardian's name:

a) Primary.....

b) Secondary.....

Sunday phone (cell) contact in case of
emergency:

Any medical condition to be aware of (including food
allergies):
.....

A schedule of classes will be available on the first day of
school.

The website www.beachhebrewinstitute.ca will also list dates of
classes on the Calendar.