



JEC FUN HEBREW SCHOOL REGISTRATION FORM

3600 NW 2nd Court • Boca Raton, FL 33431
(561) 544-2854 • info@jecsf.org • www.welovehebrewschool.org

2011-12 School Year

LOCATION:

**Boca Prep School
10333 Diego Drive South
Boca Raton, FL 33428**

CLASSES:

**Sundays 9:30AM - 12:00 PM
Advanced Hebrew Track
*Additional Class: Tuesdays 4:30 - 5:30 PM***

Date: _____

How did you hear about our Hebrew School?

Newspaper Postcard Magazine Email Other _____

Friend _____ (Parents who refer a friend are eligible for a tuition discount.)
(Name)

CHILD'S INFORMATION

Last Name _____ First Name _____

Hebrew Name _____

Birth Date _____ Male Female

Address _____ City _____

State _____ Zip _____ Phone (home) _____

Child's Present Grade _____

Primary School _____

Are there any important educational or medical needs we should know about your child? _____

Describe child's previous Jewish education if any: _____

What benefits would you like to receive from our School?

PARENTS' INFORMATION

Father's Name	Hebrew Name (if known)
_____	_____
Father's Occupation	Company's Name
_____	_____
Father's Cell Phone	Father's E-mail
_____	_____
Father <input type="checkbox"/> Born Jewish <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Converted to Judaism
Mother's Name (Include Maiden Name)	Hebrew Name (if known)
_____	_____
Mother's Occupation	Company's Name
_____	_____
Mother's Cell Phone	Mother's E-mail
_____	_____
Mother <input type="checkbox"/> Born Jewish <input type="checkbox"/> Not Jewish	<input type="checkbox"/> Converted to Judaism

Describe parents' Jewish education:

FAMILY STRUCTURE

- Two Parents (Please indicate if a spouse is not child's biological parent _____)
- Single Parent (Child Lives with _____)

GRANDPARENTS' INFORMATION

Paternal Grandparents:

Maternal Grandparents:

Names

Names

Hebrew Names (if known)

Hebrew Names (if known)

Street Address

Street Address

City, Zip

City, Zip

Phone Number

Phone Number

E-mail

E-mail

SIBLING INFORMATION

Child's Name _____

Age _____

Child's Name _____

Age _____

Do you have any friends who would be interested in this program? Yes No

Name _____ Phone Number _____

Name _____ Phone Number _____

EMERGENCY CONTACT - Please provide information for someone that we can contact in case of emergency

Name _____ Relation _____

Address _____ City _____

State _____ Zip _____ Phone (home) _____

Phone (cell) _____ Phone (office) _____

TUITION INFORMATION

I would like my child to attend JEC Fun Hebrew School, administered by the Jewish Education Center of South Florida for the 2011-12 school year.

CHOOSE ONE:

- STANDARD TRACK (SUNDAYS ONLY)----- \$750**
- ADVANCED HEBREW TRACK (SUNDAYS & TUESDAYS)---- \$850**

Enclosed is tuition **plus \$50 registration fee** (this fee is waived for all registrations submitted by June 6th, 2011). I understand that registration will not be complete until the Jewish Education Center of South Florida receives payment **in full**.

PAYMENT OPTIONS:

- Check enclosed (payable to JEC of South Florida)
- Credit Card:
 - Visa Mastercard Amex

Card # _____
Exp. _____ / _____ Billing Zip Code _____

Parent's Signature _____

→ **MAIL** application along with payment to our administrative office:

Jewish Education Center of South Florida
3600 NW 2nd Court
Boca Raton, FL 33431

OR

→ **FAX** form with credit card information to: 561-847-3533