

TEMPLE BETH SHALOM

MORRISON BIAL CENTER FOR JEWISH EDUCATION

RELIGIOUS SCHOOL REGISTRATION FORM

Please fill out one form per family. Complete and return to the Temple Office Religious School Mail Slot or by mail to Steven Boetger, 612 SE 35th Street, Ocala, FL 34471. Help us make your child's transition into school a smooth one by completing the forms as soon as possible and sending them in with your tuition payment of **\$150 first child, \$125 for each additional child.**

Family Name: _____

STUDENT INFORMATION:						MM/YYYY
Last Name	First Name	Hebrew Name	Date of Birth	Age	Entering Grade	Date of Bar/Bat Mitzvah

Address: _____ City: _____ State: ____ Zip: _____

PARENT/GUARDIAN INFORMATION:

Address: _____ City: _____ State: ____ Zip: _____

Phone (H): _____ Cell Phone: _____ Fax: _____

Phone (W): _____ Email Address: _____

Child Resides with: Mother ____ Father ____ Both ____ Other _____

CHILDREN NOT BEING REGISTERED FOR RELIGIOUS SCHOOL:

						MM/YYYY
Last Name	First Name	Hebrew Name	Date of Birth	Age	Entering Grade	Date of Bar/Bat Mitzvah