

The Jewish Congregation of New Paltz
HEBREW SCHOOL REGISTRATION FORM 2024-2025

Student's Name (1): _____ **DOB:** _____
First Middle Last

Secular School: _____ **Secular Grade as of Sept. 2024** _____

Please register my child for Chaverim Arts _____ OR the following Hebrew School Class/Grade _____

Hebrew School is school! Please share any accommodations or strategies that have been employed in other learning settings that would make your child's Hebrew School experience more successful.

My child has an IEP Yes _____ No _____

Student's Name (2): _____ **DOB:** _____
First Middle Last

Secular School: _____ **Secular Grade as of Sept. 2024** _____

Please register my child for Chaverim Arts _____ OR the following Hebrew School Class/Grade _____

Hebrew School is school! Please share any accommodations or strategies that have been employed in other learning settings that would make your child's Hebrew School experience more successful.

My child has an IEP Yes _____ No _____

Parent/Guardian (1) _____ **Daytime Phone:** _____

Address: _____ **Home Phone:** _____
Street City Zip

Email: _____ **Mobile Phone:** _____

Occupation: _____ **Employer:** _____

* May we email you as a method of contact for class announcements, information, etc? Yes No

Parent/Guardian (2) _____ **Daytime Phone:** _____

Address: _____ **Home Phone:** _____
Street City Zip

Email: _____ **Mobile Phone:** _____

Occupation: _____ **Employer:** _____

* May we email you as a method of contact for class announcements, information, etc? Yes No