

Montebello Jewish Center
34 Montebello Road
Montebello, NY 10901
Tel: (845) 357-2430 Fax: (845) 357-1043

Religious School Registration Form

(Please Print All Responses)

Family Sur-Name: _____ Home Telephone #: _____

Email Address _____

Father's First Name: _____ Cell/Beeper #: _____ Work # _____

Mother's First Name: _____ Cell/Beeper #: _____ Work # _____

Address: _____ City _____ State _____ Zip _____

Registering Children (2007 – 2008 Year)

First & Middle Names	Hebrew Name	Date of Birth	Grade

Emergency Health Record

If Parent / Guardian is unavailable, the person/s to contact in case of emergency:

Name: _____ Home# _____ Work# _____

Name: _____ Home# _____ Work# _____

If no one above can be reached, Parent / Guardians wishes in case of sickness or injury: _____

List all allergies, medications, restrictions or precautions concerning your child. It is your responsibility to notify us of changing health matters.

It is understood that in the final disposition of an emergency, the judgment of the school authorities will prevail. The recommendations of the Parent / Guardian will be respected if possible.

Other Children in the Home

First & Middle Names	Hebrew Name	Date of Birth	Grade

Fees:

Gross Tuition

Net Tuition

Grade K to 2	\$570	\$550
Grade 3 to 7	\$825	\$800
Third child	\$570	\$550

Please Note:

- For Grade 7, final payment of all tuition and the \$1,150 Bar/Bat Mitzvah fee must be completed two months prior to Bar/Bat Mitzvah date.
- Should your child require special services or if classified, please call so that we can try to meet the needs of your child.

Signature of Parent/Guardian _____ Date _____