



Where kids learn in a fun and creative atmosphere!

19045 Yorba Linda Boulevard, Yorba Linda, CA 92886- 714-693-0770 www.ocjewish.com

Registration 2005~2006 for K~8th

Student's Name	Hebrew Name	D.O.B.	Age and Grade as of 9-01-05	Hebrew School Program

TITLE	DATE & TIME	TUITION
Reading Readiness Program	Sunday 9:30am-12:15pm	\$500
Sunday Program	Sunday 9:30am-12:15pm	\$500
Sunday and Tuesday Program	Sunday 9:30am-12:15pm Tuesday 4:45pm-6:30pm	\$975

Family Information

Father's Name _____ Mother's Name _____
 Hebrew Name _____ Hebrew Name _____
 Address _____ Address _____
 City _____, CA Zip _____ City _____, CA Zip _____
 Phone: Home _____ Phone: Home _____
 Work _____ Work _____
 Cell _____ Cell _____
 Occupation: _____ Occupation: _____
 Required Email Address _____ Email Address _____
 Were there any conversions or adoptions in your family? _____ Explain _____
 Are the natural parent's of the child/ren Jewish? Father _____ Mother _____
 Other children living at home (names and ages)? _____
 Does your child have learning disabilities with general studies? _____

MEDICAL INFORMATION

Are there any medical conditions or pertinent information regarding your child, which we should be aware of?

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____
 I hereby permit my child/ren to participate in all school and youth club activities and join in school trips on and beyond school properties. In case of emergency, I hereby authorize the school to have my child taken care of by a physician in any way the situation may call for.
 Parent's Signature _____ Date _____

I would like to volunteer for the following:

- Holiday Fairs
- Hebrew School Shabbat Dinner
- Chanukah Play at the Nixon Library
- Hebrew School Building Plan Committee