



**CONGEGATION BETH RAMBAM HEBREW SCHOOL**

11333 Braesridge Dr. Houston, TX 77071 Phone (713) 723.3030 Fax (713) 723.0399

**REGISTRATION FORM 2018 - 2019**

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Father's Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's email \_\_\_\_\_

**CHILD'S INFORMATION**

English Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Country of Birth \_\_\_\_\_

School Attending \_\_\_\_\_ Grade Entering \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Is your child currently on any medication? \_\_\_\_\_

Describe child's previous Jewish education if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What benefits would you like to receive from our School?

\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

Is your child Jewish? \_\_\_\_\_

If converted or adopted, who performed the conversion? \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Are you a member of a Synagogue? Y / N \_\_\_\_\_

If yes, name of Synagogue \_\_\_\_\_

**EMERGENCY CONTACT**

Please provide contact information of someone **(OTHER THAN A PARENT)** that we can contact in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (cell) \_\_\_\_\_ Email \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**REFER A FRIEND**

You will receive \$50 off your tuition for every child you referred that enrolls to the CBR Hebrew School

Do you have any friends who would be interested in this program?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**TUITION INFORMATION**

<b>Tuition</b>	<b>Early Bird</b>	<b>After May 31</b>
Sunday	\$600	\$700
Wednesday	\$400	\$475
Bar / Bat Mitzvah	\$700	\$800
Registration Fee	\$50	\$50

**We will not turn any child away for financial reasons. If you are in need of financial aid, please contact the office for an application.**

**PAYMENT OPTIONS:**

- Check enclosed (payable to "Congregation Beth Rambam")
- Credit Card
  - Visa     MasterCard     Amex

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

***Please place a check in each box:***

- I would like my child to attend the CBR Hebrew School for the 2018 - 2019 school year.
- I understand that registration in the Hebrew School is not complete until the Congregation Beth Rambam receives the \$50 registration fee, per child registering.
- I understand that final acceptance in the Hebrew School will be decided after an interview with the Hebrew School Director.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_