

YBH OF PASSAIC - HILLEL
REGISTRATION FORM

Parents' Name: _____

Address: _____

Phone No: (H) _____

E-mail Address: _____

Student's Name: _____
 First Middle Hebrew

Date of Birth: _____ Grade Entering: _____

Student's Name: _____
 First Middle Hebrew

Date of Birth: _____ Grade Entering: _____

Student's Name: _____
 First Middle Hebrew

Date of Birth: _____ Grade Entering: _____

Student's Name: _____
 First Middle Hebrew

Date of Birth: _____ Grade Entering: _____

Student's Name: _____
 First Middle Hebrew

Date of Birth: _____ Grade Entering: _____

-OVER PLEASE-

PARENT INFORMATION

Father's Name: _____ Hebrew: _____

Occupation: _____ Business Address: _____

Phone #: (W) _____ Cell #: _____

Living Grandparents: _____
Name and Address

Mother's Name: _____ Hebrew: _____

Occupation: _____ Business Address: _____

Phone #: (W) _____ Cell #: _____

Living Grandparents: _____
Name and Address

FAMILY

SIBLING'S NAME (<u>NOT</u> ATTENDING YBH-HILLEL)	DATE OF BIRTH	SCHOOL	CURRENT GRADE

Synagogue Affiliation: _____ Rabbi: _____

Parent's Signature: _____ Date: _____

Registration for students applying to YBH-Hillel must be accompanied by a \$300 per child application fee, by FEBRUARY 22nd, and \$500 per child application fee, after FEBRUARY 22nd.