

**The Jewish Congregation of New Paltz**  
**HEBREW SCHOOL REGISTRATION FORM 2021-2022**

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

**Secular School:** \_\_\_\_\_ **Secular Grade as of Sept. 2021** \_\_\_\_\_

**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. 2021** \_\_\_\_\_

**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:** \_\_\_\_\_

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