



TEMPLE BETH O'R / BETH TORAH

111 Valley Road

Clark, NJ 07066

Phone: 732-381-8403 Fax: 732-381-1389

Email: tbethor@gmail.com

RELIGIOUS SCHOOL REGISTRATION FORM

LMDIM PROGRAM 2019 - 2020

Child's Name:

_____ last first middle initial
Hebrew Name _____

Date of Birth: _____ Sex: M F

Address: _____
street address City Zip

School attending (Fall '19) _____ Grade (Fall '19) _____

Mother's Name: _____ Work phone # _____

Email: _____ Cell # _____

Father's Name: _____ Work phone # _____

Email _____ Cell# _____

Name and phone number of two friends, relatives or neighbors who we can contact in case of emergency if you cannot be reached:

Name: _____ Address: _____ Phone #: _____

Name: _____ Address: _____ Phone #: _____

Please list any significant medical information: _____

Does your child have any special learning needs? _____

Allergies: _____

Family Doctor: _____ Telephone # _____

Yearly Fee : \$755 per student
\$625 for second student

Please send your payment along with the registration form to the temple.

Parent's Signature: _____