

Hebrew School Student Registration Form

Child/Children Name(s):	
Parent's Names:	
Emergency Contact Numbers:	
Email Address(es):	
Allergies/Medical Conditions:	
Anything else you think we should know:	

\$200/family if you have more than one child in Hebrew School


\$175 if you have a Talmidim student

\$90 if you have a Yeladim student

I have already paid _____ for my ___ Talmidim and/or ___ Yeladim

I still need to pay _____ for my ___ Talmidim and/or ___ Yeladim

Checks can be made out to Beth Israel with Hebrew School on the "For" line and sent to: Beth Israel Synagogue P.O. Box 1683 Lexington Park, MD 20653

You can also send payments via PayPal  to bethisraelmd@gmail.com or email us directly for an invoice. Please indicate what the payment is for in the notes section.