

TEMPLE ISRAEL CENTER RELIGIOUS, MIDDLE & HAVURAT TORAH HEBREW HIGH SCHOOLS

280 Old Mamaroneck Road White Plains, NY 10605

phone: 914-948-2800 ext. 123

e-mail: rsoffice@templeisraelcenter.org

REGISTRATION FORM 2009-2010

STUDENT INFORMATION							
LAST NAME	FIRST NAME	HEBREW NAME	GENDER	DATE OF BIRTH	in September 2009		
					AGE	GRADE	SCHOOL
<i>Special medical & learning condition(s) (i.e., allergies, medications, food restrictions, special learning needs, etc.)</i>							
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MOTHER'S INFORMATION				FATHER'S INFORMATION					
LAST NAME		FIRST NAME		LAST NAME		FIRST NAME			
ADDRESS		CITY	STATE	ZIP	ADDRESS		CITY	STATE	ZIP
HOME PHONE		CELL PHONE		HOME PHONE		CELL PHONE			
BUSINESS PHONE		PRIMARY EMERGENCY PHONE		BUSINESS PHONE		SECONDARY EMERGENCY PHONE (optional)			
FAMILY'S PRIMARY EMAIL ADDRESS for TIC Religious School Info				FAMILY'S SECONDARY EMAIL ADDRESS for TIC Religious School Info (optional)					

Prompt registration will help ensure that session preference requests are granted. **Plea**

Please complete reverse side →

CLASS PLACEMENT & SESSION PREFERENCE REQUEST

Requests will only be considered upon receipt of non-refundable deposit in the amount of:

\$500 per student in Grades K & 1: # students _____ x \$500 = \$ _____

\$750 per student in Grades 2-12: # students _____ x \$750 = \$ _____

Total Youth dues (see enclosed Youth Programming Registration Form for fees) = \$ _____

TOTAL ENCLOSED = \$ _____

Method Of Payment: _____ Check _____ Credit Card

Temple Israel Center members: _____ Yes _____ No

Credit Card Type (please note: we only accept VISA, MASTERCARD & DISCOVER) _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____ Expiration Date: _____ - _____

Siblings will be given first priority on session placements. Requests for choice of session will be considered on a "first come, first served" basis.

Please consider your session preference carefully, as last minute changes may not be possible.

GRADE IN SEPTEMBER 2009	STUDENT'S NAME	Request 1 or 2 friends per child - NO GUARANTEES	SESSION PREFERENCE
Kindergarten			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM
1st Grade			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM
2nd Grade			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM and Thursday 4:00-6:00 PM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM and Wednesday 4:00-6:00 PM
3rd Grade			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM and Tues.& Thurs. 4:00-6:00 PM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM and Mon.& Wed. 4:00-6:00 PM
4th Grade			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM and Tues.& Thurs. 4:00-6:00 PM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM and Mon.& Wed. 4:00-6:00 PM
5th Grade			<input type="checkbox"/> Session 1: Sunday 9:00-10:50 AM and Tues.& Thurs. 4:00-6:00 PM
			<input type="checkbox"/> Session 2: Sunday 11:10 AM-1:00 PM and Mon.& Wed. 4:00-6:00 PM
6th Grade			ALL 6th GRADE SESSIONS
			Mon. & Wed. 4-6 PM and one event each weekend (schedule to follow)
7th Grade			ALL 7th GRADE SESSIONS
			Wed. 6:30-8:45 PM and one event each weekend (schedule to follow)
8th-12th Grade			ALL 8th-12th GRADE SESSIONS
			Wed. 6:30-8:45 PM & one Sunday per month 9-11:50 AM (schedule to follow)
TIGBUR GRADE: 3 4 5 6			Placement TBD by Michelle Steinhart

FOR OFFICE USE ONLY: Received on:

Form #

please complete reverse side

