

Children's Jewish Education Group

P.O. Box 12, Briarcliff Manor, NY 10510

www.cjeg.org

REGISTRATION FORM

Parent's Full Name: _____ Parent's Full Name: _____

Occupation: _____ Occupation: _____

Address: _____

Home Telephone: _____ Cell phone(mother) _____ Cell Phone(father) _____

Email is the primary way that we are able to contact all our families on a regular basis. Please make sure your spam blockers allow mail from CJEG.org. Please list any email addresses that you would like us to send you correspondence:

How did you hear about us? (Please be as specific as possible) _____

C.J.E.G. is a parent-run cooperative school. Parent participation is an essential component of our school. Please indicate which committee you want to join:

Tzedakah _____ Publicity _____ Advertising _____ Family Seder _____ Class Parent _____

CHILDREN TO BE REGISTERED:

Child 1 (\$1000.00)

Child 2 (\$1900.00)

Child 3 (\$2800.00)

Child's Full Name: _____

Date of Birth: _____

Grade as of 9/11: _____

Any special condition(s) teacher should be aware of:

(i.e. physical handicaps, learning disabilities, medications, allergies) _____

Emergency Contacts (Other than parents):

Name _____ Relationship _____ Contact #: _____

Name _____ Relationship _____ Contact #: _____

I am enclosing with this form a non-refundable fee of \$50.00 per child registered, which will be credited toward tuition, and will reserve a space in class for my child. I understand that I will be responsible for payment of the balance of my family's tuition by October 30, 2011. **I also understand that CJEG is a cooperative school and that each family's participation in the affairs of the school, as well as regular attendance and punctuality, are essential.**

Signature _____ Date _____

I give permission for my child's likeness to be used in CJEG promotional materials.

Signature _____ Date _____