

# WHERE IT ALL HAPPENS

All **Aleph Bet** programs take place at the Glazier Jewish Center.

Please return this form to:

Glazier Jewish Center  
25 N. State Street  
Newtown, PA 18940

☎ 215.497.9925 | 📺 215.497.9929  
🌐 jewishcenter.info



LUBAVITCH  
Jewish. *Done joyfully.*

Aleph Bet is a division of  
Lubavitch of Bucks County.



Fun and meaningful  
**JUDAIC ENRICHMENT**  
 for Jewish children.

**HEBREW SCHOOL  
 REGISTRATION FORM**

# Aleph Bet Hebrew School Program Registration Form

*Fun and meaningful Judaic enrichment for Jewish children*

ALL INFORMATION IS STRICTLY CONFIDENTIAL—FOR OFFICE USE ONLY

## General Information

**Child #1** Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade Entering in September \_\_\_\_ **Choose one Aleph Bet option:**  Sunday  Weekday

**Child #2** Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade Entering in September \_\_\_\_ **Choose one Aleph Bet option:**  Sunday  Weekday

**Child #3** Name \_\_\_\_\_

Hebrew Name \_\_\_\_\_ DOB \_\_\_\_\_

Grade Entering in September \_\_\_\_ **Choose one Aleph Bet option:**  Sunday  Weekday

**I am interested in the Hebrew Enrichment program on Wednesdays:** Yes  No

## Educational Information

### Child #1

Previous Education \_\_\_\_\_

Doesn't read Hebrew  Can recognize Hebrew letters  Can read slowly

### Child #2

Previous Education \_\_\_\_\_

Doesn't read Hebrew  Can recognize Hebrew letters  Can read slowly

### Child #3

Previous Education \_\_\_\_\_

Doesn't read Hebrew  Can recognize Hebrew letters  Can read slowly

## Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_



## Family Information

**Father's Name** \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

**Paternal Grandparents' Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**Maternal Grandparents' Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Were there any conversions or adoptions in your family? If yes, please explain \_\_\_\_\_

Are the natural parents of the child/ren Jewish? Father  Mother  Both

## Medical Information

Is there any special medical or other information regarding your child/ren, of which our school should be made aware? \_\_\_\_\_

**The Aleph Bet Program has my permission to arrange for any necessary first aid or care by a licensed physician for my child while he/she is attending school.**

Signature of parent or guardian \_\_\_\_\_