

Second Semester Student Registration Form

Student's name: _____ Date: _____

\$150.00 deposit, check # _____ Date ____ / ____ / ____
Your deposit is due with this form in order to confirm your child's registration for the upcoming semester.
Make check payable to **H.L.C.** Mail to **P.O. Box 212, Nyack, NY 10960.**

Tuition-balance is due before session two (See your circle's calendar). The tuition rate will be determined by the final number of registered students in your child's circle (See fee schedule).

Please let us know about **CHANGES** in your family's information

Hebrew name: _____

Date of birth: ____ / ____ / ____ Grade _____

Mother: _____ Hebrew name (opt'): _____

Father: _____ Hebrew name: (opt'): _____

Address: _____

e-mail: _____

Phone: Home _____ **Work** _____

Cell _____

Siblings: _____ **age** _____ _____ **age** _____

_____ **age** _____ _____ **age** _____

Food or animal allergies? YES / NO **If yes, please describe:**

For administrative use