



MASTIC BEACH HEBREW CENTER, INC.
CONGREGATION B'NAI SHALOM
P.O. Box 287
Mastic Beach, N.Y. 11951
(631) 281-8282

RELIGIOUS SCHOOL APPLICATION

Date: _____

Mother's Name: _____ *Father's Name:* _____

Address: _____ *Address:* _____

Home Phone: _____ *Home Phone:* _____

Cell Phone: _____ *Cell Phone:* _____

Email: _____ *Email:* _____

Mother's Religion: _____ *Father's Religion:* _____

Emergency Contact: _____ *Emergency Contact:* _____

Telephone: _____ *Telephone:* _____

Who is authorized to pick up child/children? _____

(Required to show identification when asked)

Children

Date of Birth

School Grade

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any Medical/Learning Disability Yes No

If yes, explain _____

Tuition: 1st Child _____ 2nd Child _____ 3rd Child _____ 4th Child _____ (per year)

SIGNATURE: _____ **DATE:** _____