

**MASTIC BEACH HEBREW CENTER, INC.**  
**Congregation B'nai Shalom**  
 PO Box 287  
 Mastic Beach, N.Y. 11951  
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Rabbi Kathleen Novick  
 Dr. Harris Cohen, Cantor

**HEBREW SCHOOL APPLICATION**

|                             |                         |
|-----------------------------|-------------------------|
| <b>Date</b>                 | <b>Email</b>            |
| <b>Last Name</b>            | <b>First Name</b>       |
| <b>Address</b>              | <b>City, State, Zip</b> |
| <b>Child Date of Birth</b>  | <b>School Grade</b>     |
| <b>Learning Challenges?</b> |                         |
| <b>Medical Issues?</b>      |                         |
| <b>Mother's Name</b>        | <b>Father's Name</b>    |
| <b>Phone</b>                | <b>Phone</b>            |

|   |                             |                      |
|---|-----------------------------|----------------------|
| Dues \$ _____/year  | Building Fund \$ _____/year |                      |
| Tuition:  |                             |                      |
| First Child \$ _____  | Second Child \$ _____       | Third Child \$ _____ |
| Payable upon receipt of monthly statement.  |                             |                      |
| Please Note: Improper behavior in class will not be tolerated. Parents will be notified and will be expected to handle any disciplinary problems immediately. |                             |                      |

You are obligated to pay for a full year of Hebrew School unless we are notified that your child/children are no longer attending class.

**SIGNATURE OF PARENT** \_\_\_\_\_ **DATE** \_\_\_\_\_