

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

MASTIC BEACH HEBREW CENTER
HEBREW SCHOOL REGISTRATION
2005-2006
(For use by members only)

Parent/Guardian Name: _____ Today's Date: _____

Home Phone: () _____

Are you a current Temple member?: _____

(If no, please use membership application form to join and enroll for Hebrew School)

How many children to enroll: _____

1st Child's Name: _____ Age: _____

Teacher during 2004-2005: _____

Years in MBHC's Hebrew School: _____

If in another Temple's Hebrew School, years attended: _____

2nd Child's Name: _____ Age: _____

Teacher during 2004-2005: _____

Years in MBHC's Hebrew School: _____

If in another Temple's Hebrew School, years attended: _____

3rd Child's Name: _____ Age: _____

Teacher during 2004-2005: _____

Years in MBHC's Hebrew School: _____

If in another Temple's Hebrew School, years attended: _____