

**WOODBURY JEWISH CENTER RELIGIOUS SCHOOL  
2017– 2018 SCHOOL YEAR REGISTRATION FORM**

Student Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

| <b>CHOICE</b> | <b>GRADE</b>                          | <b>DAYS &amp; TIMES</b>                         | <b>TOTAL COST</b> | <b>DEPOSIT*</b> |
|---------------|---------------------------------------|---|-------------------|-----------------|
|               | Kindergarten                          | Sundays 9:00-11:30am                            | \$760.00          | \$500.00        |
|               | First                                 |   |                   |                 |
|               | Second                                |   |                   |                 |
|               | Alef                                  | Sundays 9:00-11:30am                            | \$1,429.00        | \$919.00        |
|               | Bet                                   |   | \$1,395.00        | \$885.00        |
|               | Gimel                                 | Wednesdays 4:15-6:30pm                          | \$1,395.00        | \$885.00        |
|               | Daled                                 |   | \$1,395.00        | \$885.00        |
|               | Hey                                   | Sundays 10:00-11:30am<br>Wednesdays 4:15-6:30pm | \$1,429.00        | \$919.00        |
|               | Special Education<br>Alef through Hey | Wednesdays                                      | \$879.00          | \$554.00        |

Attendance at ten (10) Shabbat Services per year is required of all students in Alef-Daled. Hey students are directed to the Bar/Bat Mitzvah handbook for Shabbat attendance requirements. \*All Religious School deposits are non-refundable. Synagogue accounts must be current for registration to be processed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Deposit Enclosed: Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Visa/ Mastercard/Discover  
Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Security Code \_\_\_\_\_

Credit card billing address \_\_\_\_\_ Zip Code \_\_\_\_\_

Return this form to: Debbie Jaffe, Registrar  
5 Cherokee Lane  
Commack, NY 11725