

**YOUNG ISRAEL OF TAMPA – NORMAN JEWISH CENTER**

**13207 North 52nd Street**

**Tampa FL 33617**

**HEBREW SCHOOL REGISTRATION FORM (2016-2017)**

**CHILD'S NAME (HEBREW & ENGLISH NAMES IF CHILD HAS BOTH)**

\_\_\_\_\_

**BIRTHDATE**

\_\_\_\_\_

**GENDER (circle one) M / F**

**CHILD'S NAME (HEBREW & ENGLISH NAMES IF CHILD HAS BOTH)**

\_\_\_\_\_

**BIRTHDATE**

\_\_\_\_\_

**GENDER (circle one) M / F**

**PARENT INFORMATION**

**NAME** \_\_\_\_\_

**NAME** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**EMERGENCY CONTACT (other than parent):**

**NAME** \_\_\_\_\_

**NUMBER:** \_\_\_\_\_

**Education Fee per child \$400, REGISTRATION \$50, Payable to**

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