



CTC Hebrew School Registration Form

(704) 367-1225 / www.CTCschool.com

2011-2012 School Year

Location: Charlotte Prep
212 Boyce Road
Charlotte, NC 28211

Dates: Wednesday 5-6:30pm
beginning November 2, 2011
(see website for details)

Date: _____

How did you hear about our Hebrew School?

- Charlotte Jewish News
- Poster at JCC
- Other _____
- Friend _____
(Name)

CHILD'S INFORMATION

Last Name _____ First Name _____

Hebrew Name _____

Birth Date _____ Male Female

Address _____ City _____

State _____ Zip _____ Phone (home) _____

Child's Present Grade _____

Primary School _____

Are there any important educational or medical needs we should know about your child? _____

Describe child's previous Jewish education if any: _____

What benefits would you like to receive from our School?

PARENTS' INFORMATION

Father's Name

Hebrew Name (if known)

Father's Occupation

Company's Name

Father's Cell Phone

Father's E-mail

Father Born Jewish Not Jewish

Converted to Judaism

Mother's Name (Include Maiden Name)

Hebrew Name (if known)

Mother's Occupation

Company's Name

Mother's Cell Phone

Mother's E-mail

Mother Born Jewish Not Jewish

Converted to Judaism

Describe parents' Jewish education:

FAMILY STRUCTURE

- Two Parents (Please indicate if a spouse is not child's biological parent _____)
- Single Parent (Child Lives with _____)

GRANDPARENTS' INFORMATION

Paternal Grandparents:	Maternal Grandparents:
Names _____	Names _____
Hebrew Names (if known) _____	Hebrew Names (if known) _____
Street Address _____	Street Address _____
City, Zip _____	City, Zip _____
Phone Number _____	Phone Number _____
E-mail _____	E-mail _____

SIBLING INFORMATION

Child's Name _____ Age _____

Child's Name _____ Age _____

Do you have any friends who would be interested in this program? Yes No

Name _____ Phone Number _____

Name _____ Phone Number _____

EMERGENCY CONTACT - Please provide information for someone that we can contact in case of emergency

Name _____ Relation _____
Address _____ City _____
State _____ Zip _____ Phone (home) _____
Phone (cell) _____ Phone (office) _____

PAYMENT INFORMATION

I would like my child to attend CTC Hebrew School, administered by the Charlotte Torah Center, for the 2011-2012 school year. Enclosed is tuition for \$595. I understand that registration will not be complete until the Charlotte Torah Center receives payment in full.

PAYMENT OPTIONS:

- Check enclosed (made payable to the Charlotte Torah Center)
- Credit Card:
 - Visa Mastercard

Card # _____
Exp. _____ / _____ Billing Zip Code _____

Parent's Signature _____

Mail application along with payment to our administrative office:

Charlotte Torah Center
7804 Fairview Rd. Suite 160
Charlotte, NC 28226