



RELIGIOUS SCHOOL REGISTRATION FORM 2020-2021

PLEASE FILL IN ALL INFORMATION • PLEASE PRINT CLEARLY

CHILD 1 INFORMATION

Registering for: K __1__ __2__ __3__ __4__ __5__ __6__ __7__ Confirmation: 8__9__10__

Full Name: _____ Gender: _____

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2020) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns: _____

Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older

CHILD 2 INFORMATION

Registering for: K __1__ __2__ __3__ __4__ __5__ __6__ __7__ Confirmation: 8__9__10__

Full Name: _____ Gender: _____

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2020) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns: _____

Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older

Rabbi Steven Heneson Moskowitz
Talya Smilowitz, Cantorial Soloist
Kim Bertash, Education Director/Office Manager
Lisa Weiner, President

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CHILD 3 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: _____

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2020) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information:

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns: _____

Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older.

CHILD 4 INFORMATION

Registering for: K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Confirmation: 8 ___ 9 ___ 10 ___

Full Name: _____ Gender: _____

Address: _____

Birth Date: ___/___/___ Age: _____ Hebrew Name: _____

School District: _____ Secular School Grade (as of Sept. 2020) _____

Name of School: _____

Child's Email: _____ Child's Phone: () _____

Emergency Contact Information: *Check here if same as child 1* _____

	Name	Relationship	Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Allergies, please specify: _____

Medication, please specify: _____

Interests: _____

Special concerns: _____

Bar/Bat Mitzvah Date (if assigned) ___/___/___
Only applies if your child is in 5th grade or older.