

CONGREGATION BETH HILLEL  
WALDEN JEWISH COMMUNITY CENTER  
20 Pine Street, Walden, NY 12586  
845-778-7374  
Religious School Enrollment Form

Family Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_ (emergency) \_\_\_\_\_

School District \_\_\_\_\_

Parent Name \_\_\_\_\_ Jewish? Y/N Hebrew Name \_\_\_\_\_

Parent Name \_\_\_\_\_ Jewish? Y/N Hebrew Name \_\_\_\_\_

Children	English Name	Hebrew Name	DOB/Grade
(list	_____	_____	_____
all	_____	_____	_____
names)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Any special problems? medical, visual, audio, etc.

\_\_\_\_\_

Any learning disabilities/special needs? \_\_\_\_\_

I agree to adhere to the class/service attendance policies of Congregation Beth Hillel's Religious School.

Parent/guardian signature \_\_\_\_\_