



Temple B'nai Chaim
 PO Box 305
 Georgetown, CT 06829-0305
 (203) 544 8695 (203) 544 9706 fax

TBC RELIGIOUS SCHOOL REGISTRATION 2011-2012

SUNDAY RELIGIOUS SCHOOL

Name(s) of Children

Grade as of 09/01/2011

SCHEDULE REQUEST

_____ early session (9:00-10:45) _____ late session (11:00-12:45) _____ no preference

HEBREW SCHOOL (Grades 4-7)

Name(s) of Children

Grade as of 09/01/11

SCHEDULE REQUEST

_____ Wed 4:20-6:00 _____ Thur 4:20-6:00 _____ no preference

PRE-/CONFIRMATION Classes (Grades 8-10)

Name(s) of Children

Grade as of 09/01/11

FOR OFFICE ADMINISTRATION ONLY:

Child's Name & Class assignments: _____

Child's Name & Class assignments: _____

Child's Name & Class assignments: _____

Child's Name & Class assignments: _____

Date received : _____ Amount received: \$ _____ Initials of person recording information: _____