



21 Kilmer Drive, Building 2, Suite G, Morganville, NJ 07751 732-377-9551, 732-377-9554 (fax)
info@monmouthtorahlinks.org www.monmouthtorahlinks.org

Date _____ Registration for year 2011-2012

PLEASE PRINT CLEARLY

Last Name _____ Child's First Name _____ Hebrew Name _____

Address _____ City _____ State _____ Zip _____

*Email _____ Phone _____ Cell Phone _____

** must be filled to ensure that you will be kept updated with school information during the year.*

Child's Age _____ Child's Birthdate ___/___/___ M F

Child's Grade Sept. 2011 _____ Elementary School _____

Has your child been to Hebrew School before? _____

If yes, for which grades and at which school? _____

Father's Work Phone _____ Occupation _____ Company Name _____

Mother's Work Phone _____ Occupation _____ Company Name _____

Emergency Contact (during Program hours) 1. _____ Phone # _____

2. _____ Phone # _____

Family Physician: _____ Phone: _____

Any allergies or medical conditions that the school should be aware of? _____

Is there any special information we should know about your child? _____

Father's Name _____ Hebrew Name _____

Mother's Name _____ Hebrew Name _____

Parent's marital status: _____

*Is the child's mother Jewish? _____

*Is the child or child's mother adopted or converted to Judaism? _____ If yes, when did this take place and through which synagogue? _____

** Must be filled in order for registration to be accepted.*



I would like my child to attend the Hebrew School. The fee is \$945 per year + \$50 non-refundable registration/ books and materials fee.

IF YOU WOULD LIKE TO APPLY FOR A \$145 SCHOLARSHIP PLEASE CHECK HERE

BY CHECKING ABOVE, THE \$145 SCHOLARSHIP WILL AUTOMATICALLY BE DEDUCTED

Limited additional scholarships available. See below.

Siblings receive a \$150 discount for each additional child. Registration fee waived if registration is completed by June 14th and submitted with first quarter tuition payment (\$375/child). **Registration will not be accepted unless prior years balance has been paid in full.**

Please send in your registration as soon as possible.

Please Note: In order for your registration to be processed, it must be received no later than the Tuesday evening before school begins. In addition, any registration received during the school year must be received by Tuesday evening in order to be considered for the following Sunday.

Parent Signature _____

Tuition may be paid in full, or \$375 and three check payment postdated for December 1, Feb 1 and April 1. **After June 14th, add \$50 registration fee to initial payment.** Checks can be made out to Monmouth Torah Links. Please mail your check with the completed application to: 21 Kilmer Drive, Building 2, Suite G, Morganville NJ 07751

ADDITIONAL Scholarship Application

Parents Name _____

Occupation _____

Child(ren)s name _____ Siblings _____

Reason for Scholarship Request _____

Amount of Scholarship requested _____

Please note, additional scholarship request may not be accepted. No scholarship request will be accepted until previous years balance is paid in full.

I would like to donate to the MTL Hebrew Scholarship Fund in the amount of _____