



BAY RIDGE JEWISH CENTER

**BAY RIDGE JEWISH CENTER**  
**Congregation Sheiris Israel**  
405 81st Street Brooklyn, New York 11209  
Phone: 718-836-3103 / Fax: 718-745-4365  
office@brjc.org / [www.brjc.org](http://www.brjc.org)  
hebrewschool@brjc.org

## Hebrew School New & Returning Student Registration

5785-5786 School Year:  
July 1st, 2025 through June 30th, 2026  
Wednesdays, 4-6 p.m.

*Please use one form for each student.*

Student Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ OK to Text? (Yes/No)

E-mail: \_\_\_\_\_ We send weekly announcements.

Parent/Guardian #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ OK to Text? (Yes/No)

E-mail: \_\_\_\_\_ We send weekly announcements.

Medical:

Please describe any conditions, medications, or allergies that we should be aware of.

If medical attention is needed during school time, how would you like us to handle it?

Attention/Emotional:

Please describe any learning challenges your child has such as paying attention (e.g. ADHD) or interacting with other students (e.g. sensitivity).

Emergency Contact #1:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Permissions:

- Who can pick up your child from Hebrew School?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

- My child's name may appear on the Hebrew School's roster, website, or other printed/electronic material created by the synagogue. (Yes/No)
- My child's picture (without a name attached) may appear on BRJC's website or other printed/electronic material created by the synagogue.

(Yes/No)

- Bay Ridge Jewish Center has my permission to handle Medical Emergencies as deemed necessary.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other Comments

Is there any other information you would like us to know?

Cost of Hebrew School:

Annual Tuition per Student: \$1,100

All Hebrew School families are **required to be members** of Bay Ridge Jewish Center. Separate membership fees apply.

Once you send in your application, we will be in touch with you to make the financial arrangements. **Payment plans and special arrangements based on financial hardship are available.** For more information contact us [president@brjc.org]. All discussions are confidential.

Thank you for enrolling your child in BRJC's Hebrew School!  
We are glad that your child and family will be a part of our community this year.  
If you have any questions, please reach out by e-mail: [hebrewschool@brjc.org](mailto:hebrewschool@brjc.org).