

JCCO – RELIGIOUS EDUCATION REGISTRATION 2007-2008

NOTE: MUST BE A MEMBER

Name of Parent(s) _____

Phone Numbers _____ E-mail _____

| Child's Name | Birth date | Age | Grade | Sunday School Class |
|--------------|------------|-----|-------|---------------------|
| 1. _____ | _____ | ___ | _____ | _____ |
| 2. _____ | _____ | ___ | _____ | _____ |
| 3. _____ | _____ | ___ | _____ | _____ |

FEES:

Sunday School per child \$175 X _____ \$ _____

Hebrew School per child \$200 X _____ \$ _____

Total fees: \$ _____

Check enclosed payable to JCCO \$ _____

Payment schedule requested: Semi-Annual: ___ Quarterly: ___ Monthly: ___
Scholarships are available. See Judy

Bar or Bat Mitzvah – See Rabbi Jay or Judy Shupack

Check and form should be made payable to:

JCCO
PO Box 1773
Bend, OR 97709