

**THE DIX HILLS JEWISH CENTER RELIGIOUS SCHOOL**

**REGISTRATION FORM 2023-2024**

[dixhillshebrew@yahoo.com](mailto:dixhillshebrew@yahoo.com) 631-499-6644

**Dear Parents of Alef Students,  
Shalom!**

It's time again to think about registration for the **2023-2024** Religious School year in order to ensure your child's placement in a class. Be sure not to get closed out, as classes tend to fill up fast and early. We have streamlined the procedure to make it as easy as possible for you to register your child.

**Kita Bet (2nd Grade)** will meet on **Monday 4:30-6:30 PM**. Early return of this form with proper payment is **the only way** to be registered for the class.

Procedure:

- 1) Return this form to **the Synagogue Main Office** together with a check made out to Dix Hills Jewish Center.
- 2) **Once payment and form are received, your child will be registered for the class you indicated on the form.**
- 3) The school office will contact you if the class is full.
- 4) During the summer, all the information about the upcoming school year will be emailed.

**Tuition for the Bet Program is: \$625.00 for the year. \$300.00 non-refundable deposit is due at registration. \$150.00 will be due September 1<sup>st</sup>. Balance is due NO LATER than January 15, 2024.**

*If you have any questions, please feel free to call the Office at 631-499-6644.*

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**Kita Bet (2023-2024)    Monday 4:30-6:30    D.O.B.** \_\_\_\_\_

Child's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Print Last Name) (First Name) (Hebrew Name)

Parents' Names \_\_\_\_\_

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

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

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

**E-mail:** \_\_\_\_\_ **(a must!)**

Public School child attends: \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

Are there any special learning or behavior issues we should be aware of? \_\_\_\_\_

\_\_\_\_\_

If possible please place my child with his/her friend: \_\_\_\_\_

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