



**At Beth Zion**

**Naomi Mechaly**  
Beth Zion Congregation  
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Fax : 514- 489 – 3151  
Tel: 514-806-2035

**Student Information:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ B-Day \_\_\_\_\_  
 Adress: \_\_\_\_\_ Tel: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

**Emergency Contact Information:**

1) Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Adress: \_\_\_\_\_ Cel: \_\_\_\_\_  
 2) Name: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Adress: \_\_\_\_\_ Cel: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ Doctor's Tel: \_\_\_\_\_

**Program Choices:**

Program Title: \_\_\_\_\_ Time \_\_\_\_\_  
 Program Title: \_\_\_\_\_ Time \_\_\_\_\_  
 Program Title: \_\_\_\_\_ Time \_\_\_\_\_

**Payment Total:**

Hebrew Day School Pick Up \$20/ entire semester  Class total \$ \_\_\_\_\_  
 Payment total \$ \_\_\_\_\_

**Payment Options:**

Cash  Check  Credit Card: Visa  Master Card  Amex   
 Credit Card Name: \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Signature \_\_\_\_\_ Security Code \_\_\_\_\_

**When complete, please fax or bring in person to the Beth Zion Congregation Office**