



Hebrew School

At Temple Israel of Riverhead 2021-22

490 Northville Tpke, PO Box 1531, Riverhead, NY 11901
631-727-3191, TempleIsraelRH@optonline.net
TempleIsraelRiverhead.org

Our Hebrew School is child-friendly and completely student-focused. Our caring, trained staff members work with small classes to foster positive experiences with Jewish culture, holidays, and customs, as well as with Hebrew language and prayer education.

Registering children age 3 - 8

Focus on beginner aleph bet, holidays, customs, and traditional prayers.
Meets every Wednesday, 4:00 - 5:00 PM, starting October 6, 2021.

Covid-19 Protocol: Students and staff will be masked when indoors.

For Temple Israel of Riverhead's complete Covid-19 policies, visit <https://www.templeisraelriverhead.org/r%20rules%20covid.htm>.

Class Dates for the 2021-22 School Year

October 6, 13, 20, 27; November 3, 10, 17; December 1, 8, 15, 22; January 5, 12, 19, 26; February 2, 9, 16; March 2, 9, 16, 23, 30; April 6, 13, 27; May 4, 11, 18, 25

Dates subject to change.

For more information, please contact the Temple Office.



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REGISTRATION 2021 - 22

Each student is required to register annually in order for our Education Committee and staff to prepare for classes. Please return the completed form with the \$180 annual fee per child as soon as possible. Registration is ongoing.

Child's Name: _____

Hebrew Name: _____

Date Of Birth: _____

Public School: _____ Grade: _____

Home Address, City: _____

Telephone: _____ Email Address: _____

Father's Name: _____ Hebrew Name: _____

Mother's Name: _____ Hebrew Name: _____

Cohen: _____ Levy: _____ Israel: _____

How many siblings? _____ (use other side if needed)

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Father's Business Address/Phone: _____

Father's Cell Phone: _____

Mother's Business Address/Phone: _____

Mother's Cell Phone: _____

Emergency Contacts:

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

Please note any special conditions, concerns, or comments on the back of this form, especially any food or other allergies. All information will be held in the strictest confidence. Thank you.