

Ikkarim Registration Form 2010/2011

Registrant #1 _____

Registrant #2 _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

I/WE ARE REGISTERING FOR IKKARIM AT THE FOLLOWING SITE:

- | | |
|--|--|
| <input type="checkbox"/> Acton
JCC Early Learning Center at
Congregation Beth Elohim
Sunday, 9:00–10:30 a.m. | <input type="checkbox"/> Natick
Temple Israel
Wednesday, 9:15–10:45 a.m. |
| <input type="checkbox"/> Brighton
Shaloh House Jewish Day School
Tuesday, 7:00–8:30 p.m. | <input type="checkbox"/> Needham
Temple Beth Shalom in
partnership with URJ
Monday, 7:30–9:00 p.m. |
| <input type="checkbox"/> Cambridge
Temple Beth Shalom
Sunday, 10:30 a.m.–12:00 p.m. | <input type="checkbox"/> Newton
Temple Shalom
Sunday, 7:30–9:00 p.m. |
| <input type="checkbox"/> Franklin/Holliston Collaborative
with Jewish Family Network
Temple Etz Chaim at Medway Middle School
(first half of course)
Sunday, 9:00–0:30 a.m.

Temple Beth Torah
(second half of course)
Sunday, 9:00–10:30 a.m. | <input type="checkbox"/> Newton
Temple Emanuel
Tuesdays, 7:45–9:15 p.m. |
| <input type="checkbox"/> Hingham
Congregation Sha-aray Shalom
Sunday, 9:15–10:45 a.m. | <input type="checkbox"/> Norwood
South Area Solomon Schechter
Day School
Friday, 9:30–11:00 a.m. |
| <input type="checkbox"/> Medford
Temple Shalom of Medford
Sunday, 9:00–10:30 a.m. | <input type="checkbox"/> Sharon
Temple Sinai
Wednesday, 9:30–11:00 a.m. |
| | <input type="checkbox"/> West Roxbury
Temple Hillel Bnai Torah
Sunday, 10:15–11:45 a.m. |

ON-SITE BABYSITTING

On-site babysitting is available for daytime classes only.

I will be using the on-site babysitting provided by Parents-in-a-Pinch for _____ children

(please include name, gender and birth date for each child):

Child's Name _____ Male Female Birth Date _____

Child's Name _____ Male Female Birth Date _____

Child's Name _____ Male Female Birth Date _____

TUITION: \$250 per person

No. Attending _____ x \$250 = \$ _____

I prefer to charge this to my credit card (check one): MasterCard Visa

Card Number _____ Security Code _____ Exp. Date _____

Name on Card _____ Signature _____

Please make checks payable to Hebrew College.
Register by phone/more information: 617-559-8708
Register online: cjp.org/ikkarim

Mail registration form with your payment to:

Raylea Pemstein
Department of Adult Learning
Hebrew College
160 Herrick Road
Newton Centre, MA 02459