



# HILLEL COMMUNITY DAY SCHOOL

191 FAIRFIELD DRIVE ♦ ROCHESTER, NEW YORK 14620

PHONE: (585) 271-6877 ♦ FAX: (585) 473-8039

## 2009-2010 Application for Re-Enrollment

Child's First and Last Name

Grade as of Sept. 2009

Re-enrollment Fee\*  
(\$250 per child)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be considered for Financial Aid? (*Please ask for an Application*)  Yes  No

### Family Information:

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Dr./Mr.)

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Dr./Ms./Mrs.)

Address: \_\_\_\_\_  
Street City State Zip

\* The amount of the re-enrollment fee to be paid by any family shall be one hundred twenty-five dollars (\$250.00) per student. If this annual re-enrollment fee is received by March 31, 2009, IT WILL BE APPLICABLE TOWARD TUITION. If the fee is not received by March 31, 2009, it will be considered as a late registration fee.

Checks are to be made payable to "Hillel Community Day School" and returned to:

**Hillel Community Day School Re-Enrollment**  
191 Fairfield Drive  
Rochester, NY 14620

### Other Children in Family:

Please help Hillel Community Day School with its future plans by indicating below the name and birth date of younger siblings:

Name	Birth date	School/Daycare Currently Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby re-enroll my child(ren) in Hillel Community Day School.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_