

Hebrew School Family Registration Form

Family Name: _____

Address where student(s) live: _____ ZIP: _____

Contact for emergencies: _____



Student 1

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to have bar/t mitzvah ceremony: _____

Allergies, if any: _____

Concerns related to learning and/or social skills, if any: _____

Student 2

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to have bar/t mitzvah ceremony: _____

Allergies, if any: _____

Concerns related to learning and/or social skills, if any: _____

Student 3

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to have bar/t mitzvah ceremony: _____

Allergies, if any: _____

Concerns related to learning and/or social skills, if any: _____

Parent/Guardian 1

Name _____ Occupation _____

Address (if different from above) _____

Home Phone _____ Cell _____

Email _____

Hebrew name: _____ bat/ben _____

Hebrew Name Unknown

Does Not Have Hebrew Name

Birthday _____ Have you celebrated your Bar/Bat Mitzvah? Yes No

Level of your Jewish education, if any _____

Parent/Guardian 2

Name _____ Occupation _____

Address (if different from above) _____

Home Phone (if different from above) _____ Cell _____

Email _____

Hebrew name: _____ bat/ben _____

Hebrew Name Unknown

Does Not Have Hebrew Name

Birthday _____ Have you celebrated your Bar/Bat Mitzvah? Yes No

Level of your Jewish education, if any _____

Photo/Media Consent

I/We do hereby authorize and give consent to Congregation B'nai Israel to publish my child(ren)'s photographic or video images in newsletters and related printed and electronic publications, including its website. It is my understanding, that my child(ren)'s photographic or video image shall be used for CBI's informational and publicity activities only and shall not be used for any commercial purposes whatsoever.

I/We do hereby agree that this consent is valid until expressly revoked in writing.

Signature(s) _____ Date: _____