

Gan Shalom Family Registration Form



193 Clapboard Ridge Rd
Danbury CT 06811
203.792.6161

Family Name: _____

Address where student(s) live: _____

Parents' names: _____

Student 1

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to attend 1st grade: _____

Student 2

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to attend 1st grade: _____

Student 3

Name: _____

Hebrew name: _____ ben/bat _____

Hebrew name unknown Does not have a Hebrew name

Date of birth: _____ Year expected to attend 1st grade: _____

Parent 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 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 _____

Allergies and other information you think we should have:

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: _____