

Last Name of Student(s): _____	Student lives with: <input type="checkbox"/> Parent I / Guardian I <input type="checkbox"/> Parent II / Guardian II <input type="checkbox"/> Other _____	Person(s) to Receive Mailings: <input type="checkbox"/> Parent I / Guardian I <input type="checkbox"/> Parent II / Guardian II <input type="checkbox"/> Other _____	For office use:
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Parent I/Guardian I _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

(____) _____ - _____ (____) _____ - _____
 Home Phone Work Phone Cell Phone

Parent II/Guardian II _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

(____) _____ - _____ (____) _____ - _____
 Home Phone Work Phone Cell Phone

Full Name of Student(s): (please print)	Birth Date:	Hebrew Name: (if known)	Bar/Bat Mitzvah Date: (if known)	B'nai Israel Education Program: (*Fill in as shown below)	Grade	Secular School information: School Name:	Grade
	__/__/__		__/__/__				
	__/__/__		__/__/__				
	__/__/__		__/__/__				
	__/__/__		__/__/__				
	__/__/__		__/__/__				

Volunteer Positions

- I/We are able to:
- | | |
|--|--|
| <input type="checkbox"/> Parent Class Volunteers | <input type="checkbox"/> Religious School Committee |
| <input type="checkbox"/> Phone Tree Caller | <input type="checkbox"/> Early Childhood Ed. Committee |
| <input type="checkbox"/> Volunteer _____ | <input type="checkbox"/> Library (during Religious School) |
| <input type="checkbox"/> Substitute Teacher • grades _____ | <input type="checkbox"/> Special Programs |
| <input type="checkbox"/> Special Skills (list): _____ | <input type="checkbox"/> Website update (during RS) |

Education Programs

Program *	Grade/Age	Meeting Time(s)	
K'tonton	Ages 3-4 w/parent(s)	2 Sunday(per month)	10:00 am to noon
Sunday	Pre K thru grades 3 & 7	Sundays	9:30 am to 12:30 pm
Sunday/Tuesday	grades 4, 5, & 6	Sundays & Tuesdays	9:30 am to 12:30 pm & 4:00 pm to 6:00 pm

Grades 8-12: Please complete CBI Tuition & Youth Group forms. Yachad application mailed separately.

Requests:

We will consider your wishes but cannot guarantee them.

My child would like to be in class with (please limit 2 students only): 1) _____ 2) _____

We carpool with these families: _____

We would like carpool information for zip code/area _____

Is your child(ren) new to this school? No Yes If yes, list previous religious education experience: _____

Family Agreement

We agree to have our child(ren) follow the school rules and cooperate with the synagogue/school staff. (See School Expectations information.)

Signature of Parent(s)

Date

Signature of Student(s)

Date