

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"/> Kesher/ Post-B'nai Mitzvah Program Committee	<input type="checkbox"/> Religious School Committee
<input type="checkbox"/> Parent Class Volunteers	<input type="checkbox"/> Confirmation Class Volunteer
<input type="checkbox"/> Phone Tree Caller	<input type="checkbox"/> Library (during Religious School)
<input type="checkbox"/> Volunteer _____	<input type="checkbox"/> Special Programs
<input type="checkbox"/> Substitute Teacher • grades _____	<input type="checkbox"/> Website update
<input type="checkbox"/> Special Skills (list): _____	

#### Education Programs

Program *	Grade/Age	Meeting Time(s)
Kesher Connections	8 <sup>th</sup> and 9 <sup>th</sup>	Two Tuesdays per month 6:15 pm to 8pm
Confirmation	10 <sup>th</sup>	Tuesdays 6:15pm to 8pm
Kesher Connections	11 <sup>th</sup> and 12 <sup>th</sup>	One Tuesday per month 6:15pm to 8pm
Kesher Shabbaton	8 <sup>th</sup> , 9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , and 12 <sup>th</sup>	September 23-24 <sup>th</sup> 5:30 pm to 5:00pm (next day)

Please also complete CBI Tuition & Youth Group forms.

**Requests:**  
 We carpool with these families: \_\_\_\_\_  
 We would like carpool information for zip code/area \_\_\_\_\_

Is your teen(s) new to this school?  No  Yes If yes, list previous religious education experience: \_\_\_\_\_

#### Family Agreement

We agree to have our teen(s) follow the school rules and cooperate with the synagogue/school staff.

\_\_\_\_\_  
Signature of Parent(s) Date

\_\_\_\_\_  
Signature of Student(s) Date

