

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 _____	Parent II / Guardian II _____ E-mail _____	
Mailing Address _____ City _____ State _____ Zip _____	Mailing Address _____ City _____ State _____ Zip _____	
(_____) _____ (_____) _____ Home Phone _____ Work Phone _____	(_____) _____ (_____) _____ 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 _____

I/We are able to: <input type="checkbox"/> Parent Class Volunteers <input type="checkbox"/> Phone Tree Caller <input type="checkbox"/> Volunteer _____ <input type="checkbox"/> Substitute Teacher • grades _____ <input type="checkbox"/> Special Skills (list): _____	Volunteer Positions <input type="checkbox"/> Religious School Committee <input type="checkbox"/> Mazal Tots (ECE) Committee <input type="checkbox"/> Library (during Religious School) <input type="checkbox"/> Special Programs <input type="checkbox"/> Website update (during RS)
Program * K'tonton _____ Sunday _____ Sunday _____ Sunday/Tuesday _____	Education Programs Grade/Age _____ Meeting Time(s) _____ Ages 2 1/2-4 w/parent(s) 1 Sunday(per month) 10:00 am to noon Pre-K Sundays 9:30 am to noon expanded Pre K/K-grades 3 & 7 Sundays 9:30 am to 12:30 pm 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 _____