

Judaism Your Way

Open Tent B'nai Mitzvah Registration

Student Information:

First name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

D.O.B. _____ Gender _____ School _____

Lives with _____

Hebrew name _____

Previous Jewish education _____

Parent Information (please include all parents or guardians):

mother father step-mother step-father

First and Last name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Occupation _____

How did you learn about JYW / Rabbi Brian? _____

mother father step-mother step-father

First and Last name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Occupation _____

mother father step-mother step-father

First and Last name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Occupation _____

 mother father step-mother step-father

First and Last name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____ Occupation _____

Siblings:

First and Last name _____ Age _____ Gender _____

First and Last name _____ Age _____ Gender _____

First and Last name _____ Age _____ Gender _____

Goal:

Please describe the kind of experience you'd like your child to have.

What about this program interested you?
