

Judaism Your Way

Rosh Hodesh: It's a Girl Thing Registration

Rosh Hodesh Participant Information:

First name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

D.O.B. _____ School _____ Grade _____

Who do you live with? _____

Food Allergies or Other Dietary Restrictions: _____

Other Allergies (pet hair, etc.): _____

Do you have pets in your home? _____

Is your home available to host RH meetings? _____

How did you learn about JYW / Rosh Hodesh Program? _____

Is there anything else you would like us to know? _____

Siblings:

First and Last name _____ Age _____ Gender _____

First and Last name _____ Age _____ Gender _____

First and Last name _____ Age _____ Gender _____

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 _____

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 _____

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