



2010/2011 - 5771



Please Circle the Appropriate Option & Mid-week Session

___ Option 1
Kindergarten thru 2nd
Sunday: 9:00 - 11:30

___ Option 2
3rd thru 7th
Sunday: 9:00 - 11:30

___ Option 3
Mid-Week Hebrew Class
Tuesday: 4:30 - 6:00
Argyle Middle School

Thursday: 4:30 - 6:00
Temple Emanuel

___ Option 4
8th thru 10th
Sunday: 9:00 - 11:30

___ Option 5
Post Confirmation (11th & 12th)
Sunday: 11:30 - 1:00
Twice a month Oct. to May

Student's Name _____ Hebrew Name _____

M ___ F ___ Date of Birth _____ B/B Mitzvah Date _____ Torah Portion _____

Public/Private School & Grade as of 10/11 _____

Child's E-Mail (8th Grade and above only): _____

Please provide a current picture

(1) Parent's Name (Who student resides with) _____ Mother ___ Father ___

Home Address (include city, state, zip) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's Email _____

(2) Parent's Name _____ Mother ___ Father ___

Home Address (include city, state, zip) _____

Parent's Email _____

Emergency Information: Person (s) to call if parents cannot be reached

Name _____ Phone _____

Name _____ Phone _____

Family Physician _____ Phone _____

Other Siblings Registered for 2010/2011

Name & Grade _____ Name & Grade _____

Name & Grade _____ Name & Grade _____