

PLAINVIEW JEWISH CENTER REGISTRATION-Kadima

Name-_____

Address-_____

City and Zip Code- _____

Phone Number-_____

Date of birth-_____ Grade (as of 9/09)-_____

School-_____

Email-_____

Allergies-_____

Parent/Guardian Information

Mother's name_____

Cell phone number-_____

Father's name-_____

Cell phone number-_____

Are your parents interested in chaperoning, or helping in other ways?_____

Are your parents members of the Plainview Jewish Center?

Please check one:

I am a PJC family member. My membership dues are \$70.

I am not a PJC family member. My dues are \$80.

Checks should be made payable to the Plainview Jewish Center, memo Kadima.

Emergency Contact #1

Emergency Contact #2

Name-_____

Name-_____

Telephone-_____

Telephone-_____

Relationship-_____

Relationship-_____