

PLAINVIEW JEWISH CENTER REGISTRATION- USY

Name- _____

Address- _____

City and Zip Code- _____

Phone Number- _____

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

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 \$75.

I am not a PJC family member. My dues are \$85.

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

Emergency Contact #1

Name- _____

Telephone- _____

Relationship- _____

Emergency Contact #2

Name- _____

Telephone- _____

Relationship- _____