

# PLAINVIEW JEWISH CENTER REGISTRATION - TIRONIM

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 \$50.

I am not a PJC family member. My dues are \$60.

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

## Emergency Contact #1

## Emergency Contact #2

Name-\_\_\_\_\_

Name-\_\_\_\_\_

Telephone-\_\_\_\_\_

Telephone-\_\_\_\_\_

Relationship-\_\_\_\_\_

Relationship-\_\_\_\_\_