

Chabad Jewish Centre of Simcoe County

- JTeen -

JTEEN REGISTRATION FORM 2015

Teen Information

First name: _____ Hebrew name: _____ Family name: _____

Gender: _____ Date of birth: ____/____/____

School attending: _____ Current grade: _____

Do you have any previous Jewish education? If yes please specify _____

General information

Address: _____ City: _____ Postal code: _____

Home phone: (____) ____-____ Cell phone (____) ____-____

Email: _____

Father's name: _____ Mothers name: _____

Cell phone: (____) ____-____ Cell phone (____) ____-____

Family information

My child is a: Cohen Levi Yisrael Not sure

Are the natural father and mother of the child Jewish? Father____ Mother____

Have there been any conversions or adoptions in the family? Yes No

If yes, please explain _____

For all your Jewish needs

57 Country Lane - Barrie, ON - L4N 0E8

Phone: 705 417 1520 - Web: www.JewishBarrie.ca

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Are you interested in carpooling? Yes No

If yes, can we give your number to other parents? Yes No

Does your child have any allergies? _____

Does your child have any medical conditions we should be aware of? _____

Emergency contact (other than parents)

Name _____ Phone number (____) ____-____ Relation to teen _____

Terms of Agreement

In the event of an emergency, Chabad has my permission to arrange for any necessary first-aid or care.

Chabad has my permission to use my child's photo in its publicity materials.

I have completed the Registration Form and agree to the terms outlined above.

Name of Parent: _____ Signature: _____ Date: _____

Please mail/deliver the completed forms, along with payment to:

Chabad Jewish Centre
57 Country Lane
Barrie, ON L4N 0E8

or scan and email to:
info@jewishbarrie.ca

at your earliest convenience.

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