

Chabad of Coral Springs Registration Form – Youth Programs

3925 N. University Drive Coral Springs, FL 33065 954-344-4855 www.CoralSpringsChabad.org

Last Name _____ Mom's First Name _____ Dad's First Name _____

Address _____ City _____ St _____ Zip _____

Dad Email: _____ Mom Email: _____

Home Tel # _____ Mom Cell # _____ Dad Cell # _____

Marital Status: Married Divorced Separated Widowed

How did you hear from us: E-mail Web Search Mail Friend Newspaper Radio

Youth's Information

English Name _____ Hebrew Name _____ Age _____

Birthday ____/____/____ M/F _____ Grade _____ School Attending _____

Youth Cell # _____ Youth Email: _____

Emergency Doctor Name & address _____

Emergency Doctor Tel # _____

Family Emergency Contact Name & Tel # _____

Learning or Medical Problems (if applicable) _____

Circle one from each Question

1) Kohen / Levi / Yisroel 2) Is Biological Mother Jewish? Yes / No 3) Adoptions or Conversions? Yes / No

Check program(s) you are registering for: (Sibling discounts available)

___ Sunday Hebrew School: 9:45AM-12:30PM - \$700.00	___ Chai Five Kids Club: - \$180.00
___ Hebrew Language & Lunch: Sunday 12:45PM-2:00PM - \$360.00	___ Bat Mitzvah Club: - \$280.00
___ Bar & Bat Lessons: Individually Priced-Plus Membership - \$800.00	___ Teen Jew Crew: - \$360.00

Payment can be paid in full or can be paid in 10 monthly payments by check or credit card beginning Sept. 1st with the final payment on June 1st.

Circle One: VISA / MC / AMEX / DIS **Exp. Date:** ____ / ____

Credit Card Number: _____

Name as it appears on card: _____

Total Charge Amt: \$ _____ **Paid in** ____ **monthly payments**

Signature _____

Total: \$ _____

Approved By:
 Rabbi or Mrs. Friedman

Reuven Rockford
 Administrator
