

B"H

BMC Registration Form

1. Your Name: _____ HEBREW NAME _____

2. Address: _____

3. Phone number: _____ E-mail address: _____

4. Parent / Guardian Name(s): _____ Relationship: _____

Cell Phone: _____ E-mail: _____

5. Parent / Guardian Name(s): _____ Relationship: _____

Cell Phone: _____ E-mail: _____

6. Please list any allergies we should be aware of: _____

7. Please list any of medical conditions we should be aware of: _____

8. Age: _____ Birth date: _____

Do you know your Jewish Birthday? If so, what is it?: _____ You can calculate your Jewish birthdate at www.bit.ly/JewishBday

9. When is/was your Bat Mitzvah birthday? (include year): _____

10. Have there been any conversions or adoptions in the family history? _____ If yes please include all information & documentation.

11. Is the natural mother Jewish? _____ is the mothers mother Jewish? _____

12. Which of these activities do you enjoy? _____ Writing _____ Public speaking _____ Acting _____ Group leading
_____ Singing / Playing a musical instrument _____ Dancing _____ Sports _____ Drawing / Crafting _____ Cooking /
Baking _____ Party planning

13. I give permission for my daughter's picture to be used for display and public relations purposes.

