

B"H

## Hebrew Tutoring- 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](http://www.bit.ly/JewishBday)

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

10. Is the natural mother Jewish? \_\_\_\_\_ is the mothers mother Jewish? \_\_\_\_\_

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