

The Jewish Congregation of New Paltz
NON-MEMBERS ONLY*
Chaverim Arts Registration Form

Please return this form prior to attending class. Please do not submit this to the teacher.

**Members use the Hebrew School registration form to register children for Aleph/Bet.*

Student's Name (1): _____ **DOB:** _____
 First Middle Last

Secular Grade as of September this year: _____

Student's Name (2): _____ **DOB:** _____
 First Middle Last

Secular Grade as of September this year: _____

Parent/Guardian (1) _____ **Daytime Phone:** _____

Address: _____ **Home Phone:** _____
 Street City Zip

Email: _____ **Mobile Phone:** _____

Occupation: _____ **Employer:** _____

* May we email you as a method of contact for class announcements, information, etc? Yes No

Parent/Guardian (2) _____ **Daytime Phone:** _____

Address: _____ **Home Phone:** _____
 Street City Zip

Email: _____ **Mobile Phone:** _____

Occupation: _____ **Employer:** _____

* May we email you as a method of contact for class announcements, information, etc? Yes No