



CHABAD of WILMETTE  
CENTER FOR JEWISH LIFE & LEARNING

# Registration Form



Name of Child \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address \_\_\_\_\_ Bar Mitzvah Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Is father Jewish? Yes  No

Hebrew Name \_\_\_\_\_ Father is a Cohen  Levi  Israel

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Is mother Jewish? Yes  No

Has anyone in the family converted or been adopted? \_\_\_\_\_ If so, whom? \_\_\_\_\_

Parents' email addresses: \_\_\_\_\_

Child's email address and mobile: \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_

I heard about the Bar Mitzvah Club from \_\_\_\_\_

## Photo Permission

I/we understand that my/our child(ren) may be included in photographs and video footage that may be photographed or filmed during Bar Mitzvah Club. I authorize the Chabad of Wilmette to use these photos/videos to promote its programs and services in print, web, and other promotional contexts.

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Bar Mitzvah Club fees are \$120.00 for the year. Fee must be paid in full and accompany registration.

Please make checks payable to:  
**Wilmette Community Hebrew School**  
and mail to 2904 Old Glenview Rd., Wilmette, IL 60091.