

2904 Old Glenview Rd.  
Wilmette, IL 60091  
847.251.7707  
chabadwilmette.com



# Registration Form

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

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

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

Email address \_\_\_\_\_ Bat Mitzvah Date \_\_\_\_\_

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

Hebrew Name \_\_\_\_\_ Father is (check one) Cohen  Levi  Israel

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

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

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

Is mother Jewish? Yes  No  Please indicate if child is adopted \_\_\_\_\_

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

If there has been a conversion, please indicate which Bet Din officiated: \_\_\_\_\_

Parents' email address(es): \_\_\_\_\_

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

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

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

I heard about the Bat 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 Bat 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.

\_\_\_\_\_  
(Signature) Parent/Legal Guardian \_\_\_\_\_ Date

Bat Mitzvah Club fees are \$136.00 for the year (which includes member's kit for new students).  
*Membership 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