



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 \$136 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.