

2904 Old Glenview Rd.
Wilmette, IL 60091
847.251.7707
chaicenter.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? _____

Parents' email address(es): _____

Child's School _____ Grade _____

Synagogue Affiliation _____

I heard about the Bat Mitzvah Club from _____

In registering my child for the Bat Mitzvah Club, I recognize that the fees are \$120.00 for the year (which includes member's kit), and I agree to pay it in full.

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

Signature of Parent or Guardian

Date

Membership Fee must be paid in full and accompany registration.