

# CBI CHILDREN

(Separate sheet per Child)

Child's Last Name

First Name

Hebrew Name

Sex

Birthday (MM/DD/YY)

Phone Number

e-mail

Bar/Bat Mitzvah Date (MM/DD/YY)

Torah portion(s) and Haftarah

Religious School (Yes) (No)

Class - Hebrew

Class - Public

Parents' Name(s)

Additional Emergency Contact

Contact Phone Number

Contact Extension

Note:

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