

Old York Road Youth Department

Registration Form

Make all checks payable to Beth Sholom Congregation and return to Julie Glass or Adath Jeshurun and return Debbie Miner.

Child's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Birthdate ____/____/____

Email _____ Grade (Sept 2011) _____ Hebrew School Grade (Sept 2011) _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Parent's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of child's medical care provider _____ Phone _____

Parent's signature is required for each item below to indicate parental consent

Obtaining emergency medical care _____ Date _____

Trips _____ Date _____

Transportation by the synagogue _____ Date _____

Administration of minor first aid _____ Date _____

MEMBERSHIP FEES FOR OLD YORK ROAD YOUTH

If your child is not a youth group member, there will be a higher charge for each activity.

Grades 1-4 (\$18.00) _____

Grades 5- 7 (\$25.00) _____

Grades 8-12 (\$36.00) _____

____ Family is a member of Beth Sholom or Adath Jeshurun
If not, with what congregation is your family affiliated? _____

____ I am interested in joining the Youth Commission. Miriam Lefkowitz or Morey Smerling, Youth Commission Chairs, will contact you.

Please list any medical or other information we should know about your child.