



קהילה קדושה בית אחים

2011 – 2012 Shabbat Corner Registration Form

Name of Child:

Date of Birth:

Sex:

Age:

Name(s) of Parent(s):

Mailing Address:

Home Phone:

Mother's Work or Cell:

Father's Work or cell:

E-mail Address (1):

E-mail Address (2):

Are you a member of The Brotherhood Synagogue? Yes or No (Check one)

Child's Special Needs:

Please fill out this form, save it, and return it as an attachment in an email. Or, if you prefer, fill in the necessary fields, print it out, and mail it back with your check.

Please make check payable to The Brotherhood Synagogue and write "Shabbat Corner" in the memo field. Our address is:

The Brotherhood Synagogue
28 Gramercy Park South
New York, N.Y. 10003

You may also pay by credit card (Visa, Mastercard or Discover) by calling Leah Glasser at 212.674.5750 (registration form still required).

For office use only: Date: _____ Code: _____ Batch: _____
Member #: _____ Amount Rec'd: _____ Initials: _____