



קהילה קדושה בית אחים

Shabbat Corner

Registration Form, Winter Spring 2012

Name of Child:

Date of Birth:

Sex: male or female (circle one)

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 and return it, with your check, to the Synagogue office.

Please make check payable to The Brotherhood Synagogue and write "Shabbat Corner, Winter/Spring 2012" 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: _____