

**“Joyfully Jewish” Program for Kindergarteners  
Student Information**

(Please use a separate form for each child; photocopy this form as needed.)

Student's Full Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

1st Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

2nd Parent's Name \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

Student lives with  Both parents  Parent 1 only  Parent 2 only

Check here and attach separate sheet if additional parental information is needed.

For School Roster, please list:  Both parents  Parent 1 only  Parent 2 only

Student's Birthdate \_\_\_\_\_ Siblings Names \_\_\_\_\_

Student's Day School \_\_\_\_\_ Grade (Sept. 2007) \_\_\_\_\_

Exposure to Jewish Subjects \_\_\_\_\_

Exposure to Hebrew \_\_\_\_\_

My child's style of learning could be characterized as \_\_\_\_\_

Special Needs or Comments \_\_\_\_\_

I give permission for Kehilla Community Synagogue to take and use photographs of my child/ren for publicity on Kehilla's website or in future literature regarding Kehilla.

If you are new to Kehilla, how did you find us? \_\_\_\_\_

I would like to discuss special concerns. (Please call  1st parent;  2nd parent;  either.)

Enclosed is full tuition for our family. (\$250 for Kehilla members; \$350 for non-members)

**Please return this form to:**

**Kehilla Community Synagogue,  
1300 Grand Ave., Piedmont, CA 94610**