

TEEN TIKKUN OLAM PROGRAM APPLICATION FORM – 5780 / 2019-2020

Participant's Name: _____ DATE: _____

Date of Birth: _____ Grade as of September 2019: _____
Month Day Year

PARENT INFORMATION

Father

Mother

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____ PC: _____

City: _____ Prov: _____ PC: _____

Email address: _____

Email address: _____

Telephone (Home): _____

Telephone (Home): _____

(Cell): _____ (Work): _____

(Cell): _____ (Work): _____

Marital Status: Married Separated
Divorced Remarried

Marital Status: Married Separated
Divorced Remarried

Member of Beth David
Member of other Synagogue Unaffiliated
Please list: _____

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Member of other Synagogue Unaffiliated
Please list: _____

Public School: _____

Dietary issues /allergies: _____

Learning or behaviour issues: _____

Previous Experience in Jewish Learning: _____

May we take and use your child(ren)'s photo? Yes No

Has the participant had their Bar/Bat Mitzvah Celebration? Yes No

If yes, where did the religious component of their Bar/Bat Mitzvah take place? _____

If no, please provide details. _____

PAYMENT: Member: \$300.00 Non-member \$380.00

Form of Payment: Visa MasterCard Cheque (payable to Beth David Synagogue)

Card #: _____ - _____ - _____ - _____ Expiry Date: _____

Name on Card: _____ Signature: _____