



CST Religious Education Registration

2009 - 2010

Please provide the following information for each child registering. Attach additional sheets as needed.

Parent's Name(s): _____

Child's Name: _____ Hebrew Name: _____

Child's Birthday: _____

Grade in School: _____ School Name: _____

Child's Name: _____ Hebrew Name: _____

Child's Birthday: _____

Grade in School: _____ School Name: _____

Child's Name: _____ Hebrew Name: _____

Child's Birthday: _____

Grade in School: _____ School Name: _____

Child's Name: _____ Hebrew Name: _____

Child's Birthday: _____

Grade in School: _____ School Name: _____

_____ (number of children) X \$100 = _____

Enclosed is my check for \$ _____ made payable to Congregation Shaarey Tefilla

I/We agree to honor this commitment as indicated.

Signature: _____

Address: _____

Phone: _____ *email:* _____