

# BETH JACOB YOUTH PROGRAMS

BJUSY    BJKADIMA    BIKURIM    3/4TH GRADE

## Membership Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Carrier: \_\_\_\_\_  
(Sprint, Cingular, Verizon, T Mobile)

E-mail \_\_\_\_\_

Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Shirt Size: \_\_\_\_\_

School Attending: \_\_\_\_\_

## Emergency Information

Parent(s) Name(s) \_\_\_\_\_

Parent Email \_\_\_\_\_

In an emergency, notify \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company and Policy Number \_\_\_\_\_

Current Medication \_\_\_\_\_

Allergies: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Anything else that would be helpful for us to know? \_\_\_\_\_

BJUSY(9-12th grade) membership is \$36  
Kadima (7-8th grade) Membership is \$18  
Bikurim (5-6th grade) Membership is free  
3/4th grade program Membership is free

Please return to Suzanne at: