



JEWISH SCOUT GROUP REGISTRATION FORM

*Please Print Clearly - All Information **MUST** be complete.*

Child's Last Name _____ First Name _____

Middle Name: _____ Hebrew Name _____

Date of Birth: ____/____/____ Age: _____ (Hebrew Birthday: _____)
Mo. / Day / Year

Address: _____

City: _____ Province: _____ Postal Code: _____

Father's Name: _____ Hebrew Name: _____

Mother's Name: _____ Hebrew Name: _____

Home Phone: _____ Fax Number: _____

Email Address: _____

Emergency contact information:

Father's Cell: _____ Mother's Cell: _____

Father's Occupation _____ Business Tel. No.: _____

Father's Occupation _____ Business Tel. No.: _____

School Attending: _____ Grade: _____

Hebrew School Experience: _____

Synagogue Affiliation: _____

Parent Volunteer information:

All parents enrolling their child/en are required to volunteer for the group. If a parent can not volunteer the parent will be required to pay the \$25 per month volunteer fee.

I will volunteer time for my child's Jewish Scout group and be exempt from the \$25 per month volunteer fee.

I will unfortunately NOT be able to volunteer time for my child's Jewish scouts group. I will however pay the \$25 per month volunteer fee.

I have enclosed the following fees

\$100 Scouts Canada Registration \$150 Jewish Scouts Membership \$25 Uniform

Volunteer fee of \$25 per month

Cash Cheque Credit Card # _____ Expiry _____

By signing this form I agree to the Jewish Scouts conditions of enrollment.

Date: _____

Signature: _____