



Tell Us About Your 'Youth'!

Young Israel of East Brunswick 2011-2012

Name _____ Grade 2011/12 _____ Birthday _____

Address _____

Home Phone _____ Parents' E-Mail _____

Student's Cell Phone _____ Student's E-mail _____

Hebrew Name _____

Which school will your child/you attend this year? _____

Which school did your child/you attend last year (if different)? _____

Which group do you belong to? _____ Torah Tots (pre-school without a parent)

_____ Chaverim (grades K, 1 & 2)

_____ Minyanaires (grades 3, 4, & 5)

_____ Middle School (grades 6, 7, & 8)

_____ High School (grades 9, 10, 11 & 12)

What are your child's/your special interests? Talents? (to help us plan programming) _____

What can you tell us about your child that will make his or her Youth Program experience more enjoyable?

Parent's Cell Phone Number(s) _____

Local Emergency Contact _____

Contact Relationship _____ Contact's Phone Number _____

Please return this form to:
Young Israel Youth Department
193 Dunhams Corner Road, East Brunswick, NJ 08816

Questions? Contact us at youthdirector@yieb.org or (732) 991-6110.