



# Registration Form

1343 Old Freeport Road  
Fox Chapel, PA 15238  
412.781.1800  
Chabadfc.com

Name of Child \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address \_\_\_\_\_ Bat Mitzvah Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Is the father Jewish? (circle one) Yes No

Hebrew Name \_\_\_\_\_ Father is (circle one) Cohen Levi Israel

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Hebrew Name \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Is the mother Jewish? Yes No Please indicate if child is adopted \_\_\_\_\_

Has anyone in the family converted? \_\_\_\_\_ If so, who? \_\_\_\_\_

Parents' email address(s): \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Synagogue Affiliation \_\_\_\_\_

I heard about the Bat Mitzvah Club from \_\_\_\_\_

In registering my child for the Bat Mitzvah Club I recognize that the fees are \$220.00 for the first year (which includes member's kit) or \$180.00 for the second year, and I agree to pay it in full.

Please make checks payable to: Chabad of Fox Chapel  
and mail to 1343 Old Freeport Road, Fox Chapel, PA 15238

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*Membership Fee must be paid in full and accompany registration.  
Scholarships are available upon request.*