

BNAI TORAH SUNDAY SCHOOL ENROLLMENT

PARENT'S  
NAMES: \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STUDENT INFORMATION:

NAME	DOB	GRADE LEVEL	HEBREW NAME
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGY/MEDICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
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