



JIL- Jewish Individualized Learning REGISTRATION FORM 2011-2012

I would like to register my child _____ for JEP's one-on-one mentoring program.

By registering for our JIL program you automatically become part of our Say Know to Jewish Education Club!
For every JIL that you attend, you can accumulate points and become eligible to win incredible prizes!

PLEASE PRINT

CHILD:

First Name: _____ Last Name: _____

Date of Birth: _____ JIL Location: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Address: Street\Apt. # _____

City _____ State _____ Zip Code _____

Email Address: _____@_____

School: _____ Grade: _____

PARENTS: Marital Status: Married Divorced Widowed Other

Mother's Name: _____

Work Phone: (____) _____ Cell: (____) _____

Email Address: _____@_____

Father's Name: _____

Work Phone: (____) _____ Cell: (____) _____

Email Address: _____@_____



Preferred Contact Number: (_____) _____

In Case of Emergency: (_____) _____

Relationship to Child: _____

Siblings:	Ages/Date of Birth:	School/Grade:
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Any other friends who may be interested in JIL:

1. _____

2. _____

3. _____

How did you hear about JIL?

What do you hope to gain from JIL?

Are you interested in help for your Bar/Bas Mitzvah?

(Please circle) Yes/No

For more information please contact:

Jenny
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 Fax #: (516) 374-3790