



TEMPLE B'NAI TIKVAH SHABBAT SCHOOL

900 - 47 Avenue SW, Calgary AB, T2S 3C8
Tel: 403-252-1654 · Fax: 403-252-1709 · office@bnaitikvah.ca

REGISTRATION FORM 2008-09

Child's surname _____ Given names _____

Hebrew name _____

Sex _____ Age _____ Birthdate _____

Mailing address _____ Postal Code _____

Home phone # _____ Cell phone # _____

Saturday morning emergency phone # _____

E-mail address _____

May we print your name, address, email and phone# for class list distribution at the school?

Yes No

Parent/Guardian _____ Bus. phone # _____

Parent/Guardian _____ Bus. phone # _____

Siblings' names and ages _____

Are you a member of Temple B'nai Tikvah? Yes No

Is this your child's first registration with Temple B'nai Tikvah Religious School?

Yes No

Please register my child for: Nursery Kindergarten B'nai Mitzvah Brit Bagrut
1 2 3 4 5 6 (please circle grade #) Midweek Hebrew

*FIRST DAY OF SCHOOL IS SATURDAY, SEPTEMBER 6, 2008 (9:30AM - 12:00PM). SEE THE SCHOOL CALENDAR FOR COMPLETE SCHEDULE OF CLASSES AND HOLIDAYS.

Date: _____ Signature of Parent or Guardian: _____