



Registration Form

Due:

Central Agency for Jewish Education
12 Millstone Campus Drive
St. Louis, Missouri 63146

Please tell us about your family. The information you provide will help us to individualize the program to fit your family's needs and interests.

Parent(s) Name(s) _____

CHILDREN'S NAMES	SEX	BIRTHDATE	SCHOOL

Address _____ Zip _____

Home Phone () _____ Wk phone - mother () _____ Wk phone - father () _____

Cell phone - mother () _____ Cell phone - father () _____

Email Address _____

Do you belong to a congregation? yes _____ no _____ If yes, which one? _____

If no, but you anticipate joining one in the future, which one? _____

For Mother to Complete:

I am: Jewish by birth Jewish by conversion Not Jewish (religion: _____)

My childhood family home observed: No observances Major holidays only Most holidays All holidays

For Father to Complete:

I am: Jewish by birth Jewish by conversion Not Jewish (religion: _____)

My childhood family home observed: No observances Major holidays only Most holidays All holidays

As a family, we practice the following:

- Celebrate Hanukkah
- Recite Shabbat blessings
- Light Shabbat candles
- Prepare/Serve special foods for Shabbat/holidays
- Build a Sukkah for Sukkot
- Attend/Host a Passover Seder
- Attend High Holiday services
- Attend services at other times, i.e. _____

How did you hear about Our Jewish Home? _____

What interests you about this program? _____

