

REGISTRATION INFORMATION 08-09

DUES:

PRE-KADIMA MEMBERS \$48 NON-MEMBERS \$60

KADIMA MEMBERS \$48 NON-MEMBERS \$60

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PARENTS CELL # : \_\_\_\_\_

PARENTS E-MAIL: \_\_\_\_\_ DOB: \_\_\_\_\_

SCREEN NAME: \_\_\_\_\_

PRE/ KADIMAnik CELL PHONE # \_\_\_\_\_

CIRCLE ONE  
AS OF 9-08

PRE-KADIMA  
GRADES 4-5

KADIMA  
GRADES 6-8

ARE YOUR PARENTS MEMBERS OF OJC? \_\_\_\_\_

FOR OFFICE USE ONLY:

DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

GROUP: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: OCEANSIDE JEWISH CENTER