

Machon Chana

WOMEN'S INSTITUTE FOR THE STUDY OF JUDAISM

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School: 556 Crown Street Dorm: 1367 President Street
718-735-0030 ♦ Fax 718-735-9175 ♦ www.machonchana.org

Note: Please return completed form to the front desk. Note that payment for classes (\$5/class; \$18/half-day) due each day classes attended, unless other arrangements are made.

PART-TIME STUDENT REGISTRATION FORM

Application Date _____ / _____ / _____
Month Day Year

Personal Background

Family Name _____ First Name(s) _____ Hebrew Name _____

Current Mailing Address _____ Phone # () _____

City _____ State _____ Zip/Postal Code _____ Mobile () _____

E-Mail _____ Country of Citizenship _____ Social Security # _____

Age _____ Date of Birth _____ / _____ / _____ Place of Birth _____
Month Day Year City State/Province Country

Marital Status: single married divorced separated widowed Maiden Name: _____

Permanent Address Name & Relation living here: _____ Address _____

City _____ State _____ Zip/Postal Code _____ Phone # () _____

Employer Name _____ Occupation _____ Phone () _____

Father/Legal Guardian Name _____ Hebrew Name _____ Email _____

Address _____ City _____ Phone () _____

State _____ Zip/Postal _____ Country _____ Mobile () _____

Mother's Name _____ Hebrew Name _____ Email _____

Address _____ City _____ Phone () _____

State _____ Zip/Postal _____ Country _____ Mobile () _____

In case of emergency contact: Name _____ Relationship _____ Phone () _____

Addr. _____ City _____ State _____ Zip/Postal _____ Mobile () _____

How did you hear about Machon Chana and/or the program you are attending? (Check all that apply)

Flyer/Brochure Advertisement (Where? _____) Shliach/Rabbi (Who? _____)

Friend (Who? _____) Internet (Where? _____) Other: _____

Previous program(s) attended: Full-time Part-time YeshivaCation Summer Other: _____ When attended: _____