



"Kids Can Make a Difference!"

Registration Form

Father's Name: _____

Mother's Name: _____

Address: _____

City: _____ **Zip Code:** _____

Home Phone: _____ **Email:** _____

Emergency Contact Number: _____

Child's First Name: _____

Child's Last Name: _____

School: _____

Grade: _____ **Birthday:** _____

Please register my child for: Session #1 Session #2

Payment Options:

A: Mail a check payable to: Chabad of Napa Valley
736 La Homa Drive
Napa, CA 94558

B: Pay online with a credit card at www.JewishNapaValley.com

Please check here if you are available to volunteer or assist in driving on the various outings throughout our meetings.

I/we hereby authorize our child(ren) _____ to participate in all "Kids in Action Mitzvah Club" activities in and out of club grounds.

Parent / Legal Guardian Signature: _____