

CTEEN REGISTRATION 2018-2019

- I AM A TEEN (this registration is for me)
 MY TEEN (I am a parent, this registration is for my teen)

TEEN'S INFORMATION

First name _____ Email _____
Last name _____ Home Phone _____
Address _____ Cell Phone _____
City/State _____ Facebook Name _____
Zip Code _____ Date of Birth _____
High School _____ Graduation Year _____

2 friends I will refer to CTeen (optional):

What is your preferred method of communication?

Please circle

Text message Email Phone call Any of the above

Is your mom or dad Jewish? Please circle
Dad Mom Both No

How did you hear about us? _____

PARENT'S INFORMATION

Mother's Name _____ Father's Name _____
Mother's Email _____ Father's Email _____
Mother's Phone number _____ Father's Phone Number _____

REGISTRATION

- CTeen Membership: \$125
 Membership + Sponsor a teen: \$250

Please make checks payable to:
Chabad of Putnam
5 Fair Street Carmel NY 10512