

BIOGRAPHICAL INFORMATION

Child's NAME:
(DAUGHTER OR SON of)

PARENT(S) NAME(S):

DATE of BIRTH:

DATE of BAR/BAT MITZVAH:

PARSHA :

HOBBIES & INTERESTS:

SCHOOL INFORMATION

YEARS IN ETZ CHAIM'S RELIGIOUS SCHOOL:

NAME of Public School or Day School:

GRADE LEVEL:

D'VAR TORAH QUOTE:

MITZVAH PROJECT:

PHOTO

A digital photo should be e-mailed to estelle@etzchaim.net. A black & white headshot photo is preferred. THE SIZE OF THE PHOTO PRINTED WILL BE APPROXIMATELY 1 ¼" X 1 ¼".

DEADLINE IS THE 5th OF THE MONTH FOR THE FOLLOWING MONTH.