

Malibu Jewish Center & Synagogue

Religious School Registration 5785-5786 / 2025-2026

Please complete all information on this and next page in ink. **Both forms must be completed for EACH child.**
This form is for Grades Kindergarten through Confirmation and must be completed.

Date: ____/____/____

Student's Last Name	First Name	Date of Birth
Student's Hebrew Name	School District Enrolled in: <input type="radio"/> SMMUSD <input type="radio"/> Las Virgenes USD <input type="radio"/> Oak Park USD <input type="radio"/> LAUSD <input type="radio"/> Other (please specify)	
Secular Grade in 2025-2026	Bar/Bat Mitzvah Date (if scheduled)	
Name of School: _____ City: _____		
New Student: Has child attended any other Religious School? <input type="radio"/> Yes <input type="radio"/> No		
Temple Name _____		What grades? _____
City/State _____		

Parent 1 Last Name	First Name	Parent 2 Last Name	First Name
Occupation	Work Phone	Occupation	Work Phone
Cellular Phone	Email	Cellular Phone	Email
Does student reside with: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent <input type="radio"/> Both Parents		Marital status of parent(s): <input type="radio"/> Married <input type="radio"/> Separated/Divorced <input type="radio"/> Widowed	
Primary Home Address <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent			Primary Home Phone
City		State	Zip Code
Second Home Address <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Step Parent			Second Home Phone
City		State	Zip Code

Does student have sibling(s) who attend MJCS Religious school? <input type="radio"/> Yes <input type="radio"/> No If yes, please list below.	
1. Name of Sibling	Grade
2. Name of Sibling	Grade
3. Name of Sibling	Grade

I/We wish correspondence to be mailed to both parents.

I/We wish all correspondence to be mailed to (specify) _____.

Please complete next page



MJCS Religious School

24855 Pacific Coast Highway, Malibu, CA (310) 456-2178 x12 mgeft@mjcs.org

PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

We love to take pictures here at Malibu Jewish Center & Synagogue

We would like your permission to use these pictures on our newsletter, our bulletin board or our website. **We will never reference by name or provide any specific information.** We also will never sell these pictures; we will use them exclusively for MJCS Religious School.

Please take a moment to let us know your preference regarding our use of photos of your children:

_____ YES. I grant you permission to use photos on MJCS Religious School bulletin board, and/or newsletter, website and press releases.

-OR-

_____ NO. Please do NOT use photos on MJCS Religious School bulletin board, and/or newsletter, website and press releases.

Your Name (PLEASE PRINT): _____

Your Signature: _____

Date: _____