

**Joseph Kushner Hebrew Academy
2010-2011**

Dear Parents,

We would like to share your child/children's accomplishments with your loved ones. Please list below any family members you wish to place on our mailing list and kindly return this form to the school office.

Family Name: _____

Father, First Name _____ **Mother, First Name:** _____

- Child (ren):**
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Family Members

- | | | |
|----|---|------------------------|
| 1. | Name: _____ | Phone: _____ |
| | Address: _____ | Apt. #: _____ |
| | City/State: _____ | Zip Code: _____ |
| | Relationship to child (ren): _____ | |
| 2. | Name: _____ | Phone: _____ |
| | Address: _____ | Apt. #: _____ |
| | City/State: _____ | Zip Code: _____ |
| | Relationship to child (ren): _____ | |
| 3. | Name: _____ | Phone: _____ |
| | Address: _____ | Apt. #: _____ |
| | City/State: _____ | Zip Code: _____ |
| | Relationship to child (ren): _____ | |
| 4. | Name: _____ | Phone: _____ |
| | Address: _____ | Apt. #: _____ |
| | City/State: _____ | Zip Code: _____ |
| | Relationship to child (ren): _____ | |
| 5. | Name: _____ | Phone: _____ |
| | Address: _____ | Apt. #: _____ |
| | City/State: _____ | Zip Code: _____ |
| | Relationship to child (ren): _____ | |