

# 2010-2011 Collaborative JYPI Program Registration Form

**Please complete all fields. An incomplete application will not be processed.**

Participant Name \_\_\_\_\_ Grade in 2010-11 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Participant E-mail (used only for program communications) \_\_\_\_\_

School \_\_\_\_\_ Congregation \_\_\_\_\_

Parent/Guardian I Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address if different than participant's \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian II Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address if different than participant's \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Who should receive communications regarding this program (please check all that apply):

Parent I  Parent II  Other (i.e. stepparent, grandparent, etc.) Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Youth Philanthropy Program (please select one):

\_\_\_\_\_ **8th and 9th Grade Collaborative JYPI Philanthropy Group**  
(\$200 = \$200 Teen *Tzedakah* Portion\*)

## Friend to Recommend?

Name of a friend with whom you would like to be in a group: (This can be a friend you know will be registering or a friend who may not know about the Youth Philanthropy program.)

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

## Participation Agreement

Please read the following commitment statement. Participant and parent should sign in the designated space.

*We understand regular attendance and active participation are critical to the success of the group. By signing below, I commit to this effort.*

Participant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** photos of participants taken at programs may be used on Partnership materials. Please notify the office, in writing, if you do not want your teen's photo included; the Partnership may also list participant names in communications with your school, congregation or local newspaper.

\*additional matching funds to come from CBE & PJLL

**Please return this form and a check for \$200 made payable to CBE to:**

**Shari Berman, Chai School Coordinator  
Congregation Beth Emeth  
12523 Lawyers Road, Herndon, VA 20171**