



Kolot Mayim Family Learning Circle



kmlearningcircle@gmail.com

Registration Form

2022-2023

Please print form and complete. Return to:

Kolot Mayim Reform Temple
Jewish Community Centre
3636 Shelbourne Street
Victoria, British Columbia V8P 4H2

Parent or Guardian Name(s):

Children (please fill out information for each child participating)

*Name: _____ Hebrew name (optional) _____

Birthdate _____ Allergies or concerns _____

*Name: _____ Hebrew name (optional) _____

Birthdate _____ Allergies or concerns _____

*Name: _____ Hebrew name (optional) _____

Birthdate _____ Allergies or concerns _____

Home Address:

Email Address:

Phone: (home) _____

(cell) _____

Skills or talents you would be willing to share with the group

(Musical, storytelling, dance, etc.)

Name(s) of any other adult who might be accompanying your child:

Signature of parent or guardian

Date

Adults attending the program must be vaccinated in accordance with Kolot Mayim policy.