



From YOUR Family to OURS...

In order that we can best meet your family's needs, please help us keep your children's info up-to-date!

**A
D
A
S
I**

Name: _____ Home phone: _____

Address: _____ City: _____ Zip: _____

Work phone: _____ Cell phone: _____

Personal Email: _____ Work Email: _____

**A
D
A
S
2**

Name: _____ Home phone: _____

Address: _____ City: _____ Zip: _____

Work phone: _____ Cell phone: _____

Personal Email: _____ Work Email: _____

**C
A
S
I**

Name: _____
Last First Nickname Hebrew

Birthday: _____ School: _____ Grade: _____

Email: _____ Cell Phone: _____

**C
A
S
2**

Name: _____
Last First Nickname Hebrew

Birthday: _____ School: _____ Grade: _____

Email: _____ Cell Phone: _____

**C
A
S
3**

Name: _____
Last First Nickname Hebrew

Birthday: _____ School: _____ Grade: _____

Email: _____ Cell Phone: _____

* Information about additional children should be written on the back of this sheet, or in the body of your email.

Please return this form to:

Adas Israel, Attn: Talya Baiamonte 2850 Quebec Street NW Washington, DC 20008,
via fax at 202.362.1860, or email talya.baiamonte@adasisrael.org to request an electronic copy.