

**MONTEBELLO JEWISH CENTER  
SHABBAT ATTENDANCE FORM**

**My child/ren** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**attended the following services (please check all that are applicable)**

- \_\_\_\_\_ **Friday night**
- \_\_\_\_\_ **Saturday morning (in Main Sanctuary)**
- \_\_\_\_\_ **Havdalah**
- \_\_\_\_\_ **Holiday Service (Sukkot, Simchat Torah, Passover, or Shavuot)**

**on** \_\_\_\_\_ **(Date)**

\_\_\_\_\_ **(Date)**

**Name of Synagogue (if other than Montebello Jewish Center)**

\_\_\_\_\_

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**Signature of Parent or Guardian**

**Date**