

Hebrew School Registration Application

Please Print Clearly

Student Information

Last Name : _____ e-mail(child's) _____

First Name: English _____ Hebrew _____

Birth date: ____/____/____ Age: _____

Does your child read basic Hebrew? Yes No If Yes: Good Fair Poor

What school does your child attend? What grade is your child entering?

Is the natural mother of the child Jewish? Yes No

Were there any conversions or adoptions in your family? Yes No

If Yes please describe:

Additional comments:

Parent Information

Father's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

E-mail: _____

Mother's Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

E-mail: _____

Registration Application (continued)

How did you hear about Chabad Hebrew School? _____

Are there any special medical or other information, which we should be aware of? (Confidential)

Emergency Contact Information

Person to be contacted in case of an emergency when parents cannot be reached:

| | | |
|-----------------------------|-------------------|-------------|
| Name _____ | Telephone # _____ | () - _____ |
| Relationship to child _____ | City _____ | |
| Family Physician _____ | Telephone # _____ | () - _____ |

Medical Release Form

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of parent _____

Date _____

Registration Application (continued)

Please check box with your choice for method of payment:

- Prepayment in full before October.
- Pay 2/3 of tuition before October, and 1/3 by January 10.
- Other method of payment as arranged with the office. Please specify:

Signature

Date

I hereby permit my child _____ to participate in all school activities, and to join in class and school trips on and beyond school properties and use any transportation selected by the Chabad Hebrew School.

Signature of Parent _____ Date: _____