



# CHABAD SOUTHSIDE

## Registration Form

2009-2010/ 5770

Please print clearly:

### Part I: Student's Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  Male  Female

(If applicable) Hebrew Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Child's email: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_

### Part II: Parents' Information

Father's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_

Home phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Work # (Father): \_\_\_\_\_ Cell # (Father): \_\_\_\_\_

Work # (Mother): \_\_\_\_\_ Cell # (Mother): \_\_\_\_\_

Synagogue (if any): \_\_\_\_\_

### Part III: Hebrew Education

Does your child read Hebrew?  None  Somewhat  Well

Does your child speak/understand Hebrew?  None  Somewhat  Well

Does your child have any learning difficulties with general studies?  Yes  No

If yes, please describe: \_\_\_\_\_

Child's previous Hebrew education (if any): \_\_\_\_\_

Were there any conversions and/or adoptions in the immediate or extended family? \_\_\_

If yes, please explain: \_\_\_\_\_

*Chabad Hebrew School*



Is anyone in the family a Kohen or Levi? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Part IV: Tuition**

Hebrew school: Sunday 10:00 A.M - 12:00 P.M. @ \$495 per year

***Please check your choice for method of payment:***

- Full payment enclosed
- Please send me an online Google Invoice

***Please make checks payable to Chabad of Southside***

**Part V: Medical Information**

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Up to date with vaccinations?  Yes  No

Is there any medical or other information (allergies, etc.) regarding your child that our school should be aware of? \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

***Medical Release Form:***

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_