

CHABAD HEBREW SCHOOL



Registration Form

CHILD INFORMATION					
Child's Last Name:	First Name (include Hebrew Name if applicable):				Date of Birth:
Home Phone:	Home Address:				
City:	State:			Zip Code:	
PARENT INFORMATION					
Father's Name:		Mother's Name:			
Work Phone:		Work Phone:			
Cell Phone:		Cell Phone:			
E-mail:		E-mail:			
Address:		Address:			
Employer:		Employer:			
Custody: Mother Father Both Other (specify):					
EMERGENCY CONTACTS The following people are to be contacted in case of emergency if parents cannot be reached:					
Name:	Phone/s:			Relationship:	
Name:	Phone/s:			Relationship:	
MEDICAL INFORMATION					
Is your child up to date with vaccinations? If not, please attach letter from pediatrician.					
Does your child have any food or other allergies (including medications)?					
Is there any special medical or other information that we should know about? If so, please attach all relevant information.					
Tuition					
Hebrew School tuition is \$599 per child pre-paid or 8 monthly payments of \$85. Payments can be made by Check, Credit Card (3% fee processing fee for credit cards)					
PICK-UP AUTHORIZATION The following people are hereby authorized to pick up my child from school: (use other side if necessary)					
Name:	Relationship: Tele			phone:	
Name:	Relationship: Telep			phone:	
SIGNATURES					
I hereby permit my child to participate in all school activities, and join in school trips beyond the premises. I hereby consent to the School staff to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency. I also grant permission for my child to be photographed for promotional purposes.					
Parent signature:				Date:	
Parent signature: (in case of joint custody):				Date:	