

CHABAD HEBREW SCHOOL



Registration Form

2017-2018/ 5778

Please fill out a separate form for each child.

Part I: Student's Information

Last Name: _____ First Name: _____ Male Female

Hebrew Name: _____ Phone: _____ (Child's) e-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____

School: _____ Grade entering in Sept: _____ Age: _____ Birthday: ___/___/___

Part II: Parents' Information

Father's Name: _____ Hebrew Name: _____

Mother's Name: _____ Hebrew Name: _____

Home phone: _____ Fax: _____ e-mail (Father): _____

Work phone (Father): _____ cell (Father): _____ Work phone (Mother): _____

Cell (Mother): _____ e-mail (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 family? _____

If yes, please explain: _____

Is anyone in the family a Kohen or Levi? _____

If yes, please explain: _____

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Part IV: Tuition

- Sunday 10:00 A.M to 12:00 P.M. @ \$745 per year + \$36 book fee Total: \$781

Please check your choice for method of payment:

- Full payment enclosed
- Three post-dated payments Amount \$ _____ (3 times)
Sept/01/17, Nov/01/17, and Jan/01/18
- Please contact me for personal payment plan

Please make checks payable to Chabad of Putnam.

Part V: Medical Information *(confidential)*

Family physician: _____ Phone: _____

Up to date with vaccinations? Yes No

Health Insurance #: _____

Group #: _____

ID #: _____

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: _____