

Chabad Hebrew School Registration Form

First Name

Page 10 of 10

Last Name

Hebrew Name

Page 10 of 10

DOB

Gender

Male Female

School

Grade Entering

Hebrew Reading Proficiency

None Somewhat Well

Hebrew Speaking Proficiency

○ None ○ Somewhat ○ Well

Previous Jewish Education/Hebrew School

☐ Yes ☐ No

If yes, please describe

Synagogue affiliated with

Page 10 of 10

Natural mother of child Jewish?

☐ Yes ☐ No

Conversions / adoptions in family?

☐ Yes ☐ No

If yes, please describe

The image shows a small portion of a web browser interface. It features a large rectangular area, likely for displaying a webpage or document, which appears to be empty or has very faint content. Below this area are several control elements: a set of three buttons at the bottom left (back, forward, and a middle button), and a vertical stack of four buttons on the right side (stop, refresh, home, and print). The overall appearance is that of an older web browser from the late 1990s or early 2000s.

Any considerations, such as learning disorder or difficulty, the school should be aware of? (Confidential):

Parent Information

Father's Name

Father Home Phone

Father Work Phone

Father Cell Phone

Father Email

Mother's Name

Mother Home Phone

Mother Work Phone

Mother Cell Phone

Mother Email

Address

City

State

Zip

Spouse Address (if different):

Emergency Information

Emergency Contact 1

Relationship to child

Home Phone

Cell Phone

Emergency Contact 2

Relationship to child

Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>
Child Physician or Medical Facility	<input type="text"/>
Physician Phone	<input type="text"/>
Physician Address	<input type="text"/>
Health Insurance	<input type="text"/>
Group #	<input type="text"/>
ID #	<input type="text"/>
Up to date with vaccinations?	<input type="radio"/> Yes <input type="radio"/> No
Last tetanus shot date? mm/dd/yr	<input type="text"/>

CONFIDENTIAL: Does your child have any allergies or other medical condition we should be aware of? If yes, please describe them and indicate special precautions or care needed.

As the parent(s) or legal guardian of the above child, I/we authorize any adult acting on behalf of Chabad Hebrew School to hospitalize or secure treatment for my child, I further agree to pay all charges for that care and/or treatment. It is understood that if time and circumstances reasonably permit, Chabad Hebrew School personnel will try, but are not required, to communicate with me prior to such treatment. I hereby give permission for my child to participate in all school activities, join in class and school trips on and beyond school properties and allow my child to be photographed while participating in Chabad Hebrew School activities and that these pictures may be used for marketing purposes.



I Accept

Name: Signature: