

בס"ד



Learn it. Live it. Love it.

### Registration Application

2015-2016

Please fill this out and return it with your tuition.

**PLEASE PRINT CLEARLY.**

#### General Information:

Child's Last Name	Child's First Name (Legal)	Child's Hebrew Name
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Child's Preferred Name	Birth Date: English	Birth Date: Hebrew
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Child's E-mail Address	Home Phone Number
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Home Address \_\_\_\_\_

#### Religious and Educational History:

Does your child read basic Hebrew?       None       Somewhat       Well

Does your child have any difficulty with his general studies? \_\_\_\_\_

Are there any adoptions in your family (children, parents or grandparents)? \_\_\_\_\_

Have you or your spouse, parents, grandparents or children ever converted to Judaism? \_\_\_\_\_

#### Contact Information:

##### **Father:**

Fathers Name	Hebrew Name	Religion
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Work Telephone	Cellphone	Occupation
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Name of Work	Address of Work
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Email	Facebook Name
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##### **Mother:**

Mothers Name	Hebrew Name	Religion
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Work Telephone	Cellphone	Occupation
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Name of Work	Address of Work
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Email	Facebook Name
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**Emergency Contact Person:** *(other than parent/guardian)*

_____	_____	_____
Last Name	First Name	Relationship to Child
_____	_____	
Daytime Telephone	Address	

**Authorized Persons To Pick Up Your Child:** *(other than parents/guardians)*

_____	_____	_____
Last Name	First Name	Daytime Telephone Number
_____	_____	
Address	Evening Telephone Number	

**Method of Payment:**

\_\_\_\_\_ \$750 Tuition *(for the scholastic school Year)*  
\$50 book fee

**Medical Information:**

_____	_____
Child's Physician	Physician's Telephone

\_\_\_\_\_  
Physician's Office Address

_____	_____	_____
Insurance Company Covering the Child	Policy Number	Expiration Date

*Please list below any psychological or medical conditions, medications currently being taken, dietary requirements, allergies (include allergies to medications), etc. pertaining to your child.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission, in the event of an emergency, for the Director, or the Teacher at Chabad Neshama Hebrew School to take whatever steps maybe necessary for the medical care of my child, \_\_\_\_\_. I understand that in order for Chabad Neshama Hebrew School to assume responsibility for my child, I, or the person(s) whom I have designated to drop off and pick up my child, must sign my child in at the time of arrival and out at the time of departure. I understand that unless there is a need for immediate action, the order of the steps taken will follow, but will not be limited to, the outline below:

1. The parent/Guardian will be called.  
**Note:** *If the parent/guardian is unavailable, the emergency contact person designated by the parent/guardian will be called.*
2. Child's physician will be called.
3. If these efforts are unsuccessful the following steps will be taken (order may vary depending on the situation):
  - a. Another physician will be called.
  - b. The child will be taken to the nearest emergency room accompanied by a staff member.
  - c. An ambulance will be called to take the child to the nearest emergency room accompanied by a staff member.

In the event of an emergency, if I cannot be reached, I give consent for a Chabad staff member to transport my child to the nearest emergency facility, or to have my child transported by ambulance.

I give consent to any emergency facility and physician to administer any necessary medical treatment to my child as the situation may warrant it.

_____	_____	_____
Parent/Guardian's Signature	Printed Name of Parent/Guardian	Date