

Chabad Hebrew School Application 2016/17

Student Information

Name: _____

Hebrew Name: _____

Nick Name: _____

Birth date: ____/____/____

Does your child read basic Hebrew? Yes No If Yes: Good Fair Poor

What school does your child attend?

What is your child's favorite subject? _____

Were there any conversions or adoptions in your family? Yes No If Yes please describe:

Additional comments:

Parent Information

Father (or Guardian Name): _____ Hebrew Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Mother (or Guardian Name): _____ Hebrew Name: _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Phone: _____

Occupation: _____

Are the natural parents of the child/ren Jewish? Father Mother Both

Emergency Information

Emergency Contact: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Doctor: _____

Address: _____

Phone Number: _____

Allergies or other Medical Condition:

As the parent(s) or legal guardian of _____, 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 attend all field trips and outings sponsored by Chabad Hebrew School.

Signature of parent or legal guardian

Date

- I have enclosed payment of \$425.00 for tuition +\$25 book fee for my child.
- I have enclosed a deposit of \$_____ for tuition for my child, and will call Rabbi Tzali to discuss further payment.

Please mail completed form to:

**Chabad Hebrew School
1121 Dundas St. East
Whitby, ON L1N 2K4**