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Chabad Hebrew School

74 Maple Ave. Cedarhurst, NY 11516
Phone: 516-295-2478 x 19 * Fax 516-295-7840
Website: www.Fivetownshebrewschool.com
E-mail: rabbimeir@Chabad5Towns.com

ENROLLMENT FORM

CHABAD HEBREW SCHOOL 2018-2019

Child's First Name	Last Name	Date of Birth
Hebrew Name	Nickname	Jewish Birthday
Address	City, State	Zip
Phone	Fax	E-mail
Mother (or Guardian name)	Hebrew Name	Occupation
Bus. Phone	Cell Phone	E-mail
Father (or Guardian name)	Hebrew Name	Occupation
Bus. Phone	Cell Phone	E-mail
Name/s of siblings	School siblings attend	Birth date: M/D/Y
_____	_____	_____
_____	_____	_____
Shul/synagogue affiliated with if _____		

STUDENT INFORMATION:

What school does your child attend? _____

Grade, School Year 2017-2018: _____

Was the natural mother born Jewish? Yes No

Were there any conversions or adoptions in the family? Yes No

Who? _____

If Yes, who was the Rabbi? _____

Additional Comments: _____

*Please be sure to enclose a \$100 deposit with your application to ensure a spot for your child.
Payment plan must be agreed upon before entering school.*



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EMERGENCY FILE

CHABAD HEBREW SCHOOL 2018 - 2019

Child's Name	_____	_____	_____
	First	Last	Date of Birth
Father's Name	_____	_____	_____
	First	Last	Cell Phone
Mother's Name	_____	_____	_____
	First	Last	Cell Phone
Doctor's Name	_____	_____	_____
	First	Last	Phone
Doctor's Address	_____	_____	_____
	Street/Apt.	City	Zip
Allergies	_____		
	If any, please list		
Medical Conditions	_____		
	If any, please explain		
Other	_____		

PLEASE LIST BELOW TWO EMERGENCY CONTACTS:

_____	_____	_____
Name	Phone	Relationship
_____	_____	_____
Name	Phone	Relationship

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

As the parent(s) or legal guardian of _____, I/we authorize any adult acting on behalf of Chabad of the Five Towns 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 of the Five Towns Hebrew School.

Signature of Parent or Legal Guardian

Date