



B"H

Chabad Hebrew School

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

ENROLLMENT FORM

CHABAD HEBREW SCHOOL 2007-2008

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT INFORMATION:

What school does your child attend? _____

Grade, School Year 2007-2008: _____

Is the natural mother of the child Jewish? Yes No

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

If Yes, who was the Rabbi? _____

Additional Comments: _____

Please be sure to enclose a \$60 deposit with your application to ensure a spot for your child.



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EMERGENCY FILE

CHABAD HEBREW SCHOOL 2007 - 2008

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