



Chabad of Potomac Hebrew School

11621 Seven Locks Rd, Potomac, MD 20854

Registration Application for 2018-2019

Student Information

Last Name: _____ First Name: _____

Hebrew Name: _____ Gender: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____ Current School: _____

Parent Information

Father's Name: _____ Hebrew Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Mother's Name: _____ Hebrew Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____ Synagogue Affiliation: _____

Religious and Educational History

Previous Jewish Education: _____

Does your child read basic Hebrew? ___ None ___ Somewhat ___ Well

Does your child have any learning difficulties with General Studies? _____

If yes, please describe: _____

Is the natural mother of the child Jewish? _____

Is the maternal grandmother of the child Jewish? _____

Were there any conversions and/or adoptions in the family? _____

If yes, who was the Rabbi? _____



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Medical Information

Is there any special medical or other information that we should be aware of? _____

Does your child have any allergies? _____

Is your child currently taking any medication? _____

Family Physician: _____ Phone: _____

Medical Ins. Co. _____ Policy #: _____

Medical Release

I hereby give consent to the administration of the Chabad Hebrew School to take whatever medical measures they deem necessary, at my expense, for my child in the event of a medical emergency.

Signature of Parent or Guardian: _____ Date: _____

Permission Slips

I hereby give permission to my child _____ to participate in all school outings and field trips beyond school properties and to use any transportation selected by the Chabad Potomac Hebrew School.

Parent's Signature: _____ Date: _____

I grant permission for my child _____ to be photographed in individual or group pictures which may be used by Chabad Potomac Hebrew School for P.R.

Parent's Signature: _____ Date: _____

How did you hear about Chabad of Potomac Hebrew School? _____



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Tuition Agreement for 2018-2019

Tuition for the year, per child: \$850

Registration Fee:

Early Bird special (register before June 29): \$50

\$100 after June 29

Discounts: 10% for each additional child, 10% for referring a friend to CHS

Family name: _____

Child 1 _____ Cost: _____

Child 2 _____ Cost: _____

Child 3 _____ Cost: _____

Total Cost: _____

I have enclosed \$_____ toward tuition.

Please check box with your choice for method of payment.

Prepayment in full before September.

Pay ½ of tuition before September, and ½ by January 15th

Other method of payment as arranged with the office.

Method of payment:

Check

Other as arranged with the office _____

Parent Signature: _____ Date _____



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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 _____

Medical Insurance: _____ Policy #: _____

PLEASE LIST 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 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.

Signature of Parent or Legal Guardian

Date