Chabad Hebrew School

11621 Seven Locks Rd, Potomac, MD 20854

Registration Application for 2016-2017

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?_____

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 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 Hebrew School for P.R.

Parent's Signature:_____ Date:_____

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

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Tuition Agreement for 2016-2017

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 2016 – 2017

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