



# Chabad of Potomac Hebrew School

11621 Seven Locks Rd, Potomac, MD 20854

## Registration Application for 2019-2020

### 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 2019-2020

Tuition for the year, per child: \$850

Security Fee: \$100 per family

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 15<sup>th</sup>

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