



CHAP WEDNESDAY REGISTRATION FORM 5777 (2016-17)

STUDENT'S INFORMATION

First & Last Name				Hebrew Name	
Grade	School	Gender	DOB	Day or Night?	
Child's Cell		Child's eMail			
Any previous Jewish Education? Where?					

PARENT'S INFORMATION

Child lives with Both Parents Mother Father _____

<u>MOTHER</u>	<u>FATHER</u>
<input type="checkbox"/> Single <input type="checkbox"/> Married to father <input type="checkbox"/> Married to other	<input type="checkbox"/> Single <input type="checkbox"/> Married to mother <input type="checkbox"/> Married to other
First & Last Name:	First & Last Name:
Full Address:	Address: (if different than mother's address)
Home ph #: () -	Home ph #: () -
Cell ph #: () -	Cell ph #: () -
Work ph #: () -	Work ph #: () -
E-mail:	E-mail:
Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish If converted, please provide documentation	Jewish? <input type="checkbox"/> By Birth <input type="checkbox"/> Converted <input type="checkbox"/> Not Jewish If converted, please provide documentation
Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Interior Design <input type="checkbox"/> Dinner Committee	Sign me up for <input type="checkbox"/> PTA <input type="checkbox"/> Interior Design <input type="checkbox"/> Dinner Committee
Occupation:	Occupation:
Are there any ways you can be of assistance? Do you have access to any products that can help with the program or new building?	
Is your family a member of a Synagogue? If yes, please specify:	

PHOTO RELEASE STATEMENT & MEDICAL EMERGENCY

____ I hereby grant permission for photography and videography, taken by the staff of Chabad Chayil of myself and my child's activities at Hebrew School or any activities related to it for promotional or public relations purposes. I agree that I am to receive no compensation for my child's appearance and that this participation confers on me no ownership rights whatsoever.

____ I give permission for my child to receive Tylenol and/or other medications and receive first aid when deemed necessary. I give permission for my child to receive emergency medical treatment from physicians in a medical facility, should he/she become seriously injured or ill. **Please list** any special medical instructions under Emergency Contact & Health Record section.

DISCOUNTS / FREE OFFER

No need for scholarships! A discount of \$100 off tuition is offered for every new family you introduce that signs up at least 1 child for either CHAP or Hebrew School! We hope to not have to charge you anything! **6 New Families = FREE!**

FEES

Books & Registration Fee	<i>Due at Registration. Non Refundable.</i>	\$100
Hebrew School Wednesday Program	<i>If necessary, can be divided to 3 payments of \$175, \$175 & \$145 in Aug, Sep & Oct</i>	\$495
Refunds for children withdrawing from school before the end of the school year will be pro-rated up to February 1, provided that the school office is given 30 days written notice; and does not include the registration fee. Tuition refunds will not be granted to children withdrawing from school after November 1. There are no refunds or credits for days missed due to illness, holidays, or family vacations.		
<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Head Checks <input type="checkbox"/> Cash	Method	Date
		Total Paid at Registration \$

Terms

Credit Card #	Exp Date	CUV
Signature	Date	For Internal Use Registered with _____ <input type="checkbox"/> Attendance <input type="checkbox"/> CMS <input type="checkbox"/> Complete

EMERGENCY CONTACT & HEALTH RECORD

In case of emergency, if either parent cannot be reached, I give authorization to contact:

Emergency Contact #1:	Emergency Contact #2:
Relationship to Child:	Relationship to Child:
Phone #	Phone #
Primary Care Physician:	Phone #
Physician's Address:	
Medical Conditions/ Allergies:	
Medications/ Treatments:	
Special Dietary or Other Health Needs:	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Carrier: _____ Policy #: _____	

PICK UP DESIGNATION

The following person(s), other than carpool and parents are authorized to pick up my child. A note from you indicating who will pick up the child is still required even though you have indicated authorized persons. Your advanced notice will allow us to expect the alternate, and prepare your child without confusion. Thank you in advance for your prompt attention to this request and your continued cooperation.

Name # 1:	Relationship to Child:	Phone #:
Name # 2:	Relationship to Child:	Phone #:

OTHER CHILDREN IN THE FAMILY

	Child 1	Child 2	Child 3
Name			
Hebrew Name			
DOB (Day/Night)			

COMMUNICATION

Which way will you commit to respond to? eMail Facebook Text Message Phone Message Snail Mail

HOW DID YOU FIND OUT ABOUT CHAP

ANYTHING YOU WANT US TO KNOW?

THIS WILL BE ONE FUN YEAR! CAN'T WAIT!

WHERE LEARNING IS A WORK OF ART... AND TEACHING IS A WORK OF HEART!
MAKE SURE TO CHECK OUT PICTURES OFTEN AT HEBREW SCHOOL.INFO