



CHAP REGISTRATION FORM 5781

STUDENT'S INFORMATION

Check here if all student information is on file and remains the same. Then just fill out name & skip remainder of section.

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

PARENT'S INFORMATION

Check here if all parent information is on file and remains the same. Then skip this section.

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.

COST

Books & Supplies	<i>Due at Registration</i>	\$125
Hebrew & Judaic	<i>3:15-5:15 Daily at Chabad</i>	\$180 Monthly
Homework Help	<i>5:15-6:15 Daily at Chabad - Must bring device</i>	\$75 Monthly
Virtual Hebrew School	<i>One session per day</i>	\$225 Monthly
Learning Pod at Your Location	<i>\$55 per hour session or \$75 per 90-minute session</i>	
Private Tutoring at Chabad or Virtual	<i>\$30 per half hour session or \$50 per hour</i>	
<input type="checkbox"/> Credit Card on File <input type="checkbox"/> Head Checks <input type="checkbox"/> Cash	Method	Date
Credit Card #	Exp Date	Total Paid at Registration \$
Terms	Signature	CUV
		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? Yes No Carrier: _____ Policy #: _____

CLASS OPTIONS

Once things get back to normal, class times will be adjusted to accommodate school schedule.

Monday	<input type="checkbox"/> 3:15-4:15 Hebrew	<input type="checkbox"/> 4:15-5:15 Judaic	5:15-6:15 Homework Help	<input type="checkbox"/> Tutoring:
Tuesday	<input type="checkbox"/> 3:15-4:15 Hebrew	<input type="checkbox"/> 4:15-5:15 Judaic	5:15-6:15 Homework Help	<input type="checkbox"/> Tutoring:
Wednesday	<input type="checkbox"/> 3:15-4:15 Hebrew	<input type="checkbox"/> 4:15-5:15 Judaic	5:15-6:15 Homework Help	<input type="checkbox"/> Tutoring:
Thursday	<input type="checkbox"/> 3:15-4:15 Hebrew	<input type="checkbox"/> 4:15-5:15 Judaic	5:15-6:15 Homework Help	<input type="checkbox"/> Tutoring:
Friday	<input type="checkbox"/> 3:15-4:15 Parsha & Shabbat Party	<input type="checkbox"/> 4:15-5:15 Brain Games		<input type="checkbox"/> Tutoring

COMMUNICATION

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

PTA VOLUNTEER

It takes a village to raise a child! Are you able to help? Being a part of the PTA can be a full-time commitment or just a few hours per month, and we'd appreciate your participation with however much of yourself you can share!

- Class Mother
- Homework Help
- Monthly Birthday Party Committee
- Holiday Party Committee
- Fundraising
- Movie Night Committee
- End-of-Year Dinner Committee
- Yearbook Journal Committee
- Street Fair Committee

Any other way you can help out?

ANYTHING YOU WANT US TO KNOW?

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